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**National Highway
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ON-SITE AIR BAG INVESTIGATION

CASE NO. - 96-18
FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED]
ACCIDENT DATE - [REDACTED] 1996

Submitted By:

[REDACTED]
Senior Staff Associate
and
[REDACTED]
Associate Scientist

[REDACTED] 1996

Revised Submission:

[REDACTED] 1998

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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15. Supplementary Notes On-site air bag deployment investigation involving a 1995 Chevrolet Lumina, four-door sedan, with manual belts and dual front air bags					
16. Abstract This report covers an on-site investigation of an air bag deployment crash that involved a 1995 Chevrolet Lumina, four-door sedan and a 1988 Chevrolet Corsica, four-door sedan. This crash is of special interest because the Lumina's right front child passenger was fatally injured as a result of contacting his deploying air bag. The Lumina was traveling south, straddling the northbound and southbound lanes, on a two-lane, undivided, county road and was entering a 90 degree left-hand curve. The Corsica which was traveling west to northwestward, in a 90 degree right-hand curve, in the northbound lane of the same two-lane, undivided, county road. The crash occurred in the northbound lane, near the middle of the curve, just north of a [REDACTED]. The front right half of the Lumina (case vehicle) impacted the front right half of the Corsica (vehicle #2) causing the case vehicle's driver side and right front passenger side supplemental restraints (air bags) to deploy. The case vehicle's driver (27 year-old female) was normally postured, with her seat track located in its forward-most position, and the tilt steering wheel was located in its middle position. She was not wearing her available, active, three-point, lap and shoulder belt and sustained, according to her interview and her medical records, minor soft tissue injuries to her posterior scalp, abdomen, and upper and lower extremities. The right front passenger in the case vehicle (5 year-old male) was normally postured, with his seat track located between its middle and forward-most positions, and he was not wearing his available, active, three-point, lap and shoulder belt. He sustained, according to the interview with the Lumina's driver (i.e., mother) and his medical records, a fatal atlanto-occipital dislocation from his air bag and was unconscious (Glasgow Coma Scale score = 3) immediately after the crash until his death. In addition, he sustained abrasions from his air bag across his anterior neck and four avulsed upper teeth--possibly from the right front air bag module's cover flap. The right rear passenger (3 year-old male) in the Lumina was normally postured in a child safety seat. The right rear passenger's child safety seat was restrained by his available, active, three-point, lap and shoulder belt. According to the interview with the Lumina's driver (i.e., mother), he did not sustain any injuries as a result of this crash.					
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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-18

FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED]

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1995 Chevrolet Lumina, four-door sedan, and a 1988 Chevrolet Corsica, four-door sedan occurring in [REDACTED] 1996 at [REDACTED] p.m., in a rural area, on a county road. This crash is of special interest because the case vehicle's right front child passenger was fatally injured as a result of contacting his deploying air bag.

The Lumina was traveling south, straddling the northbound and southbound lanes, on a two-lane, undivided, county road and was entering a 90 degree left-hand curve when it impacted the Corsica which was traveling west to northwestward, in a 90 degree right-hand curve, in the northbound lane of the same two-lane, undivided, county road. The crash occurred in the northbound lane, near the middle of the curve, just north of a [REDACTED]. The Lumina came to rest approximately one meter (3 feet) north (i.e., backwards) and rotated approximately 20 degrees clockwise after impact and came to rest heading south in the northbound lane of the roadway. The Corsica was pushed south-southeastward (i.e., backwards) approximately 2.4 meters (8 feet) and rotated approximately 10 degrees clockwise after impact and came to rest heading north-northwestward straddling the north and southbound travel lanes.

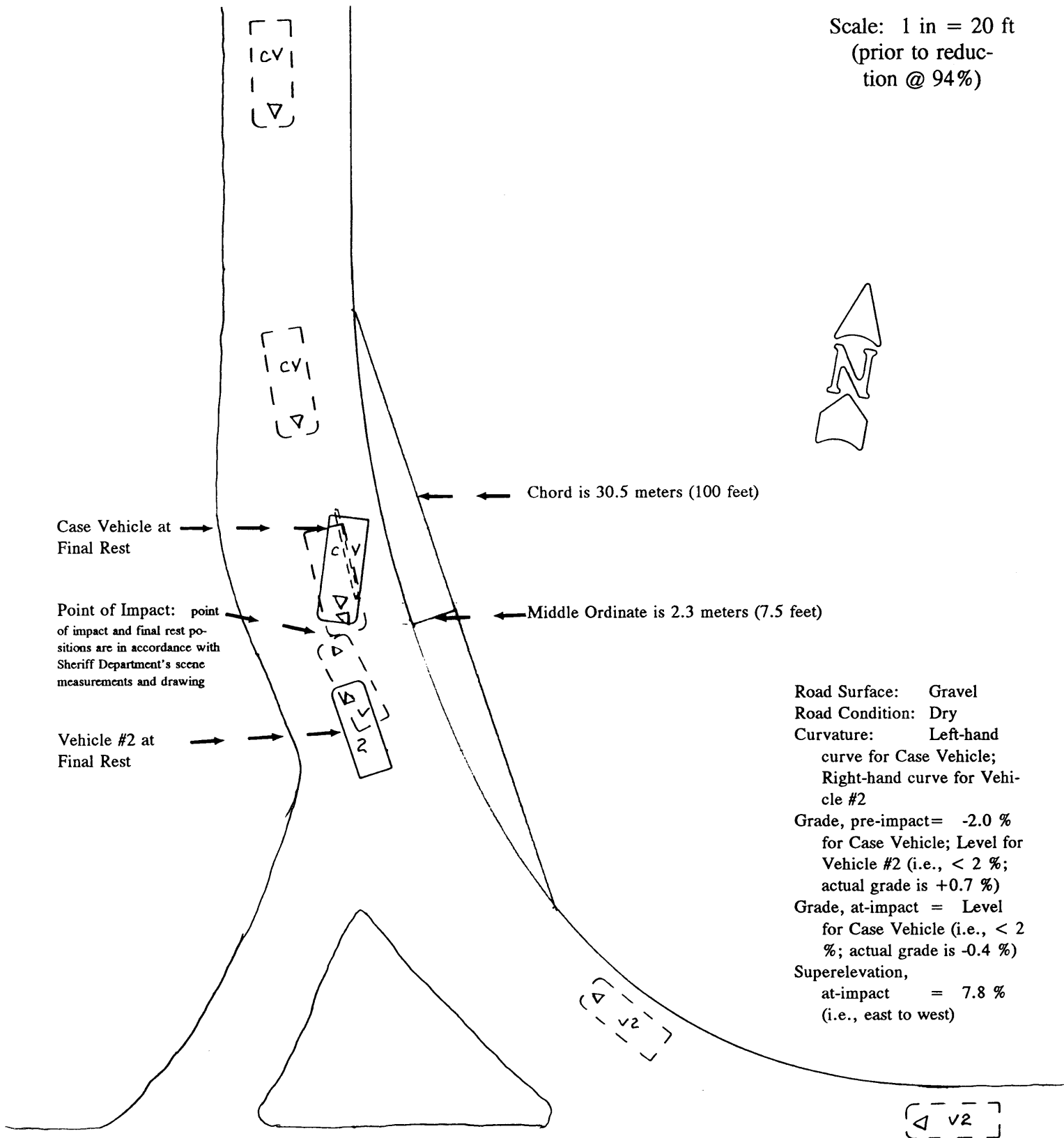
The front right half of the Lumina impacted the front right half of the Corsica. CDCs were determined to be: 12-FZEW-2 for the Lumina and 12-FZEW-2 for the Corsica. The SMASH reconstruction program, damage only algorithm, was used on the highest severity impact to the Lumina. The Total, Longitudinal, and Lateral Delta Vs are respectively: 19 km.p.h. (12 m.p.h.), -18 km.p.h. (-11 m.p.h.), and +3 km.p.h. (+2 m.p.h.). This contractor believes that this Total Delta V is on the low side and should be approximately 29-34 km.p.h. (18-21 m.p.h.).

The 1995 Chevrolet Lumina was equipped with both driver and right front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the vehicle (27 year-old female) was normally postured, with her seat track located in its forward-most position, and the tilt steering wheel was located in its middle position. She was not wearing her available, active, three-point, lap and shoulder belt and sustained, according to her interview and her medical records, minor soft tissue injuries to her posterior scalp, abdomen, and upper and lower extremities. The right front passenger (5 year-old male) in the Lumina was normally postured, with his seat track located between its middle and forward-most positions, and he was not wearing his available, active, three-point, lap and shoulder belt. He sustained, according to the interview with the Lumina's driver (i.e., mother) and his medical records, a fatal atlanto-occipital dislocation from his air bag and was unconscious (Glasgow Coma Scale score = 3) immediately after the crash until his death. In addition, he sustained abrasions from his air bag across his anterior neck and four avulsed upper teeth--possibly from the right front air bag module's cover flap. The right rear passenger (3 year-old male) in the Lumina was normally postured in a child safety seat. The right rear passenger's child safety seat was restrained by his available, active, three-point, lap and shoulder belt. According to the interview with the Lumina's driver (i.e., mother), he did not sustain any injuries as a result of this crash. The driver (32 year-old female) of the Corsica was either not wearing or not properly wearing her available, active, three-point, lap and shoulder belt and sustained, according to her interview, moderate injuries which included: distal radius and ulna fractures and multiple soft tissue injuries.

CRASH SCHEMATIC

TRC/IU CASE NO. 96-18

Scale: 1 in = 20 ft
(prior to reduction @ 94%)



TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-18

FLEET - PRIVATE VEHICLE
LOCATION - [REDACTED]

ACCIDENT DATA

Location/Street:	County Road
State:	[REDACTED]
Area/Type:	Rural, agricultural
Accident Date/Time:	[REDACTED] 1996, @ [REDACTED] p.m.
Investigating Police Agency:	[REDACTED]
Accident Type:	Car / Car - head-on (offset)
Occupant Injury Severity (air bag vehicle):	Nonanatomic brain injury with coma (AIS-5) from an atlanto-occipital dislocation (AIS-2)

AMBIENT CONDITIONS

Light Conditions:	Daylight
Weather Condition:	Clear, no clouds
Precipitation:	None
Road Surface:	Dry
Temperature:	Between 73 and 88 degrees F @ applicable city weather station

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	County road	County road
Number of Travel Lanes:	Two lanes, undivided	Two lanes, undivided
Width:	3.9 meters (12.7 feet)	3.8 meters (12.6 feet)
Surface Type:	Gravel	Gravel
Median:	None	None
Shoulders:	Unimproved	Unimproved

ROADWAY (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Vertical alignment:	Pre-impact: negative grade (-2.0 %) to south; At-impact: level (i.e., actual grade is -0.4 %)	Pre-impact: level (i.e., actual grade is +0.7 % to northwest); At-impact: level (i.e., actual grade is +0.4 %)
Horizontal alignment:	Curve left	Curve right
Estimated Coefficient of Friction:	.55	.55
Traffic Density:	Light	No other traffic present

TRAFFIC CONTROLS

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	None	None
Signs:	Warning CURVE AHEAD sign	None
Markings:	None	None
Speed Limit:	89 km.p.h. (55 m.p.h.)	89 km.p.h. (55 m.p.h.)

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1995	1988
Make:	Chevrolet	Chevrolet
Model:	Lumina	Corsica
Body Type:	Four-door sedan, six-passengers	Four-door sedan, five-passenger
V.I.N.	2G1WL52M3S1-----	1G1LT5116JE-----
Color:	Red	Gray
Mileage:	53,583 km (33,295 miles)	231,940 km (144,121 miles)
Engine:	3.1 liter, V-6	2.0 liter, I-4
Transmission:	Four-Speed automatic	Unknown-speed automatic (125C)

VEHICLES (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Steering:	Power-assisted, rack-and-pinion	Power-assisted, rack-and-pinion
Brakes:	Power-assisted, front disc, rear drum	Power-assisted, front disc, rear drum
Padding:	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces	Steering wheel, dash, sunvisors, A"-pillars, side door surfaces
Active Restraints:	Three-point, manual, lap and shoulder belts in front and rear outboard seating positions; two-point lap belt in front and rear center seating positions	Three-point, manual, lap and shoulder belts in front and rear outboard seating positions; two-point lap belt in rear center seating position
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)	None
Defects:	None	None
Fleet:	Private vehicle	Private vehicle
Tow status:	Towed away	Towed away

VEHICLE DAMAGE

EXTERIOR:Deployment Impact

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Event number:	First	First
Object Struck:	Vehicle #2	Case Vehicle
Damage location		
Damaged Plane:	Front	Front
Vertical Location		
On Plane:	Bumper	Bumper
Direct Begins:	17 cm (6.7 in) left of center to right bumper corner	51 cm (20.1 in) over from right bumper corner
Length Direct:	88 cm (34.6 in)	51 cm (20.1 in)
Field L:	150 cm (59.1 in)	136 cm (53.5 in)
C ₁ :	0 cm (0.0 in)	0 cm (0.0 in)
C ₂ :	1 cm (0.4 in)	2 cm (0.8 in)

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)**Case Vehicle****Vehicle #2****Deployment Impact** (Continued)

C ₃ :	11 cm (4.3 in)	11 cm (4.3 in)
C ₄ :	20 cm (7.9 in)	15 cm (5.9 in)
C ₅ :	27 cm (10.6 in)	24 cm (9.4 in)
C ₆ :	29 cm (11.4 in)	36 cm (14.2 in)
D:	+46 cm (+18.1 in)	+42 cm (+16.5 in)
Maximum Crush:	29 cm (11.4 in)	36 cm (14.2 in)
Location:	C ₆	C ₆
CDC:	12-FZEW-2 (-10)	12-FZEW-2 (+10)
Damaged Components:	Bumper, grille, hood, right headlight assembly, and fender	Bumper, grille, hood, right headlight assembly, and right and left fenders

INTERIOR

Damaged Components:	Driver and right front air bag modules, steering wheel, right front sunvis- or and seat, rearview mir- ror, and windshield	Windshield, driver's side
Other Evidence of Occupant Contact:	None	Driver side sunvisor and rearview mirror
Manual Restraint System Failures:	None	None
Seat Performance Failures:	None	None

REPAIR

Cost Estimate:	Unknown	Unknown
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VEHICLE VELOCITY ESTIMATES¹

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Reconstruction Program:	SMASH and EDCRASH	SMASH and EDCRASH
Program Algorithm:	Damage only	Damage only
Travel Speed:	56 km.p.h. (35 m.p.h.)	48 km.p.h. (30 m.p.h.)
Total Delta "V":	19 km.p.h. (12 m.p.h.)	23 km.p.h. (14 m.p.h.)

¹ These speed estimates are based on the vehicle and scene inspections and crash dynamics. For additional discussion, see the page entitled: **TRC VECTOR ANALYSIS ITERATIONS.**

VEHICLE VELOCITY ESTIMATES (CONTINUED)

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Longitudinal Delta "V":	-18 km.p.h. (-11 m.p.h.)	-22 km.p.h. (-14 m.p.h.)
Lateral Delta "V":	+3 km.p.h. (+2 m.p.h.)	-4 km.p.h. (-2 m.p.h.)

COLLISION SEQUENCE

PRE-CRASH: According to the Police Accident Report, vehicle #2's driver, and the scene inspection, the case vehicle (Lumina) was traveling south, straddling the northbound and southbound lanes, on a two-lane, undivided, county road and was entering a 90 degree left-hand curve, intending to travel eastbound. According to the Police Accident Report, vehicle #2's driver, and the scene inspection, vehicle #2 was traveling west to northwestward, in a 90 degree right-hand curve, in the northbound lane of the same two-lane, undivided, county road and was intending to continue in her northbound travel. According to the Police Accident Report, the case vehicle's driver, and the scene evidence (see **SELECTED PHOTOGRAPHS #18 and #19**), the driver of the case vehicle braked² and steered to her left prior to impact. According to vehicle #2's driver, she steered to her left prior to impact. The crash occurred in the northbound lane, near the middle of the curve³, just north of a "Y" ~~intersection~~.

CRASH: According to the Police Accident Report, the on-scene police photographs, and the scene inspection, the front right half of the case vehicle impacted the front right half of vehicle #2 causing both the driver and right front passenger side supplemental restraint systems (air bags) to deploy. According to the Police Accident Report and the scene evidence, the case vehicle came to rest approximately one meter (3 feet) north (i.e., backwards) and rotated approximately 20 degrees clockwise after impact and came to rest heading south in the northbound lane of the roadway. Vehicle #2 was pushed south-southeastward (i.e., backwards) approximately 2.4 meters (8 feet) and rotated approximately 10 degrees clockwise after impact and came to rest heading north-northwestward straddling the north and southbound travel lanes.

POST-CRASH:

Occupants: According to the Police Accident Report and the case vehicle's driver, she remained inside the vehicle at final rest. She was conscious and was able to exit the case vehicle with some assistance. The right front passenger (5 year-old male) remained inside the vehicle at final rest, but he was unconscious and was unable to exit the case vehicle. The right rear passenger in the case vehicle (3 year-old male in a child safety seat) remained in the vehicle at final rest. He was conscious and needed assistance to exit the case vehicle because of his age.

² According to the Police Accident Report, the case vehicle deposited 4.0 meters (13.2 feet) of pre-impact skidmarks.

³ See **SELECTED PHOTOGRAPHS #02 through #05, #09, #11 through #13, and #20**.

COLLISION SEQUENCE (CONTINUED)

POST-CRASH: Occupants: (Continued)

According to the Police Accident Report and Vehicle #2's driver, she remained inside the vehicle at final rest, was conscious, and able to exit her vehicle without assistance. According to the Case Vehicle's driver, she was not using her available, active, three-point, lap and shoulder belt⁴. According to the Police Accident Report and the case vehicle's driver, the right rear passenger was properly restrained by his child safety seat with the available, active, three-point lap and shoulder belt. Given that the child safety seat was unavailable during this contractor's inspection of the case vehicle, the properness of the safety belt usage is unknown. The Police Accident Report listed the right front passenger as having an air bag as his restraint. According to the case vehicle's driver, he was wearing his available, active, three-point lap and shoulder belt. Based on this contractor's inspection of the case vehicle and our consultant's analysis of the driver and right front passenger safety belts (see APPENDIX B) and the right front passenger's medical records, he was not restrained. According to the Police Accident Report and the driver of vehicle #2, the vehicle #2's driver was restrained by her available, active, three-point, lap and shoulder belt. According to the vehicle #2's driver, her safety belt became unlatched during the crash. Based on the vehicle inspection, this contractor considers the driver of vehicle #2 as unrestrained.

Police: The [REDACTED] was notified of the accident within three minutes and arrived on-scene within thirteen minutes. Traffic control procedures were established and emergency medical and towing services were called to assist.

Rescue: According to the Police Accident Report, the case vehicle's driver, and the driver's medical records, she was transported by ambulance to a [REDACTED] where she was treated and released. According to the Police Accident Report, the case vehicle's driver, and the right front passenger's medical records, the right front passenger was transported by ambulance to a medical facility where he was subsequently pronounced dead, approximately one and one-half hours post-crash. According to the Police Accident Report and the case vehicle's driver, the right rear passenger was not transported and did not require medical treatment. According to the Police Accident Report and vehicle #2's driver, she was transported by ambulance to a [REDACTED] where she was treated and released. According to the case vehicle's driver and her medical records, the driver sustained minor soft tissue injuries to her posterior scalp, abdomen, and upper and lower extremities. According to the right front passenger's medical records, the front right passenger sustained an atlanto-occipital dislocation and was unconscious (Glasgow Coma Scale score = 3) immediately after the crash until his death. According to the case vehicle's driver, the right rear passenger was not injured. According to vehicle #2's driver, she sustained distal radius and ulna fractures and multiple soft tissue injuries.

⁴ According to the Police Accident Report, the case vehicle's driver was using her available, active, three-point, lap and shoulder belt.

COLLISION SEQUENCE (CONTINUED)

POST-CRASH: (Continued)

Removal: Following the police investigation, case vehicle and vehicle #2 were both towed from the scene.

HUMAN FACTORS/OCCUPANT DATA

<u>DRIVERS:</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	27 year-old	32 year-old
Sex:	Female	Female
Height:	160 cm (63 in)	160 cm (63 in)
Weight:	86 kg (190 lbs)	68 kg (150 lbs)
Occupation:	Homemaker	Laborer
Active Restraint System/Usage:	Three-point lap and shoulder belt/Not used	Three-point lap and shoulder belt/Not used
Usage Source:	Vehicle inspection and interviewee	Vehicle inspection
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed	Not equipped
Usage Source:	Vehicle inspection and interviewee	Not Applicable
Eye glasses/contacts:	None	Not Applicable
Vehicle Familiarity:	One month @ 26,554 km (16,500 mi) per year	Two years @ 35,406 km (22,000 mi) per year
Route Familiarity:	Daily	Daily per interview, infrequent per Police Accident Report
Trip Plan:	Home to recreation (i.e., swimming pool)	Work to social (i.e., picking up son)
Manner of Leaving Scene:	Ambulance	Ambulance
Type of Medical Treatment:	Treated and released	Treated and released
<u>OTHER PASSENGERS:</u>	<u>Case Vehicle: Right Front Passenger</u>	<u>Case Vehicle: Right Rear Passenger</u>
Age:	5 year-old	3 year-old
Sex:	Male	Male

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

OTHER PASSENGERS: <u>(Continued)</u>	Case Vehicle: <u>Right Front Passenger</u>	Case Vehicle: <u>Right Rear Passenger</u>
Height:	Unknown	91 cm (36 in)
Weight:	19 kg (42 lbs)	15 kg (32 lbs)
Active Restraint System/Usage:	Three-point lap and shoulder belt/Not used	Three-point lap and shoulder belt with child safety seat/Used properly
Usage Source:	Vehicle inspection	Interviewee and Police Accident Report
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed	Not equipped
Usage Source:	Vehicle inspection, interviewee, and Police Accident Report	Not applicable
Eyeglasses/contacts:	None	Not applicable
Manner of Leaving Scene:	Ambulance	Went with dad
Type of Medical Treatment:	Died in ER	None

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion occipital scalp	190402.1,6	6	Seat back support	{Possible}
Contusion abdomen	590402.1,4	7	Steering wheel rim	{Probable}
Contusion right forearm	790402.1,1	7	Air bag, driver's side	{Probable}
Contusion right hip	890402.1,1	7	Center armrest	{Possible}
Contusion left knee	890402.1,2	7	Left dash below instrument panel	{Probable}
Contusion right knee	890402.1,1	7	Steering column	{Probable}

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES^{5,6,7}

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Nonanatomic brain injury ⁵ , unresponsive (GCS=3)	160824.5,0	3	Air bag, passenger's side	{Certain}
Atlanto-occipital dislocation with probable transverse ligament rupture	650208.2,6	3	Air bag, passenger's side	{Certain}
Abrasions neck, completely across ⁶	390202.1,4	3	Air bag, passenger's side	{Certain}
Avulsed teeth (4)	251406.1,8	8 ⁷	Air bag compartment cover, passenger's side	{Possible}

CASE VEHICLE RIGHT REAR PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Not injured	0	7	Not applicable	Not applicable

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Fracture left distal radius	752800.2,2	7	Steering wheel rim	{Probable}
Fracture left distal ulna	753200.2,2	7	Steering wheel rim	{Probable}
Laceration lower lip	290600.1,8	7	Windshield	{Probable}
Contusion under left breast	490402.1,2	7	Steering wheel rim	{Probable}
Contusion right forearm	790402.1,1	7	Center dash	{Possible}
Contusion left knee	890402.1,2	7	Left lower dash	{Certain}

⁵ According to the Emergency Room report, at the time of arrival in the emergency room the patient's pupils were fixed and dilated, and there was no heart-beat or respirations. In addition, there was no response neurologically.

⁶ According to the emergency room physician, there was obvious (not further specified) trauma to the occupant's neck. According to the case vehicle's driver, there were abrasions from side-to-side across the entire anterior portion. According to the mortician who served the occupant's family, the neck abrasions were primarily from the Adam's apple to the right ear. In addition, the mortician noted that all of the facial trauma was below the occupant's nose (i.e., there was no trauma from the nose upwards)

⁷ Four upper teeth were reported as dislocated (i.e., "knocked out") by the family's mortician; the occupant's lower teeth were okay.

CASE VEHICLE DRIVER KINEMATICS

According to the case vehicle's driver, immediately prior to the crash she was normally postured [i.e., sitting slightly reclined with her back against the seatback, her left foot on the floor, her right foot on the brake, and both hands on the steering wheel--at the 7 and 1 o'clock positions (i.e., steering to the left)]. According to the case vehicle's driver, her seat track was located in its forward-most position and the tilt steering wheel was located in its middle position. According to the vehicle inspection, the driver's seatback was found in the slightly reclined position, her seat track was in its forward-most position, and the tilt steering wheel was found in its up-most position. According to the vehicle inspection and driver's interview, she was not wearing her available, active, three-point, lap and shoulder belt.

According to the Police Accident Report, the scene evidence, and the interview with the case vehicle's driver, she steered to the left and braked--depositing 4.0 meters (13.2 feet) of skid-marks, attempting to avoid the crash. As a result of these attempted avoidance maneuvers and the nonuse of her available safety belts, she most likely moved slightly forward and to her right just prior to impact.

Based on the vehicle and scene inspections and occupant kinematic principles (i.e., PDOF -10 degrees), the case vehicle's primary impact with vehicle #2, not only deployed the driver's side air bag, but thrust the driver forward and slightly leftward contacting the deploying air bag with her face and right forearm. An inspection of the driver's air bag revealed evidence of contact to the upper left side (towards the 12 o'clock PDOF); see **SELECTED PHOTOGRAPHS #41** through **#44**. In addition, the upper portion of the steering wheel rim is bent backwards (i.e., toward the instrument panel; see **SELECTED PHOTOGRAPHS #43**) as a result of the air bag being forced to expand backwards toward the rim because of the driver-air bag interaction. The vehicle inspection revealed no contact evidence on the driver side air bag module's cover flap. It should be noted that neither the case vehicle's driver nor her medical records indicated any facial injury as a result of her head impacting the air bag.

Because of the driver's stature⁸ and her nonuse of the available safety belts, she most likely submarined enough to cause her to contact her left knee on the knee bolster, her right knee on the underside of the steering column, and the bottom rim with her abdomen, all of which she indicated were contused. In addition, it is possible this contact with the steering wheel rim caused the tilt wheel to shift upward were it was found at the time of the vehicle inspection.

The air bag impact to the driver's upper torso and face most likely knocked the case vehicle's driver backwards into her seat where she possible sustained the occipital scalp contusion. In addition, as the case vehicle rotated clockwise post-impact, the driver may have contused her right hip by contacting the center armrest. According to the case vehicle's driver, at final rest she was essentially in her original seating position.

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS

According to the case vehicle's driver (i.e., mother), she was uncertain of the right front passenger's posture immediately prior to the crash but thought he was normally postured

⁸ Height: 160 centimeters (63 inches); Weight: 86 kilograms (190 pounds)

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS (CONTINUED)

(i.e., sitting slightly reclined with his back against the seatback, both feet hanging down over the edge of the seat, and both hands in his lap). According to the case vehicle's driver and the vehicle inspection, the right front passenger's seat track was located between its middle and forward-most positions. According to the vehicle inspection, the driver's seatback was located in the slightly reclined position. The case vehicle's driver believes the right front passenger (i.e., her son) was properly restrained, but the lack of usage evidence on the occupant's safety belt system⁹, together with the more reliable evidence (i.e., contacted cover flap, injury pattern, and police witness statements) suggests otherwise. The Police Accident Report did not indicate belt usage; instead, it only mentions the fact that this occupant's air bag deployed. It should be noted that an inspection of this occupant's belt system was made by an independent expert (see **APPENDIX B**), and the inspection showed no conclusive evidence of usage.

As a result of the case vehicle's attempted avoidance maneuvers (i.e., braking and steering left) and the nonuse of his available safety belts, the right front passenger most likely moved slightly forward and to his right just prior to impact.

Based on the vehicle and scene inspections and occupant kinematic principles (i.e., PDOF -10 degrees), the case vehicle's primary impact with vehicle #2, not only deployed the right front passenger side air bag, but thrust the right front passenger (5 year-old male) forward and slight leftward contacting the deploying air bag with his lower face (e.g., mouth and/or chin) and neck. An inspection of the right front passenger's air bag revealed skin and oil transfers; see **SELECTED PHOTOGRAPHS #46 through #49**. In addition, there appears to be a skin transfer to the leading edge of the right front air bag module's cover flap; see **SELECTED PHOTOGRAPHS #55 through #58**. In this contractor's opinion, the mouth of the unrestrained, right front occupant was over the leading edge of the module's cover flap when the air bag started to deploy¹⁰. This scenario would help to explain how this occupant had his four top teeth avulsed, as indicated by the mortuary director¹¹. In addition, this would also explain why the mortuary director remarked that there were no soft tissue injuries above his nose¹². One possible reason for there being no teeth marks on the cover flap is that this occupant's teeth were most likely near the point of coming out in order to be replaced by the adult teeth.

Based on the contact evidence (skin and oil) found on the upper left side of the air bag, as the air bag began to unfold it impact this occupant under the chin, knocking him upwards and back against his seatback. The contact to the occupant's chin/neck certainly caused the fatal lesions [i.e., an atlanto-occipital dislocation and unconsciousness (Glasgow Coma Scale score = 3) immediately after the crash until his death].

⁹ Appendix D presents a detailed photographic examination of both the driver's and right front passenger's safety belts. There is no good evidence that the right front passenger's safety belt was in use at the time of the crash.

¹⁰ The available physical evidence almost certainly indicates that there was a substantial interaction between the right front air bag module's cover flap and the child because the cover flap was depress (see **SELECTED PHOTOGRAPHS #57 and #62**) and cracked (see **SELECTED PHOTOGRAPHS #59 and #60**).

¹¹ The right front passenger's medical records neither support nor deny the mortuary director's statement.

¹² It must be noted that the occupant's medical records provide no detail pertaining to his soft tissue injuries other than the generalized statement: "obvious trauma to the neck on gross examination."

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS (CONTINUED)

According to the case vehicle's driver (i.e., mother) and the evidence (i.e., blood; see **SELECTED PHOTOGRAPHS #37 through #39**) in the case vehicle, at final rest the boy was laying to his left with his head hanging over the center arm rest. According to the case vehicle's driver, immediately following the accident and after realizing her son was badly injured, she pulled him out of the vehicle and placed him on the grass at the edge of the roadway. According to our interview with the case vehicle's driver, when repeatedly questioned about how her son was positioned following the crash and how she removed him from the case Vehicle, she indicated that she did not recall how he was positioned and stated that she just picked him up. The case vehicle's driver never mentioned having to unlatch or remove the seatbelt from her son. In addition, it should also be noted that, according to an emergency medical technician who was present at the scene and who ask the case vehicle's driver if her son was belted, the case vehicle's driver stated that her son should have been belted.

CASE VEHICLE RIGHT REAR PASSENGER KINEMATICS

According to the case vehicle's driver (i.e., mother), immediately prior to the crash the right rear passenger was normally postured (i.e., seated upright in his [REDACTED] child safety seat with his back against the seatback, his feet hanging down over the seat's edge, and both his hands on his lap. According to the case vehicle's driver and the vehicle inspection, the rear bench seat was not adjustable. According to the Police Accident Report and the interview with the case vehicle's driver, he was also restrained¹³ by his available, active, three-point, lap and shoulder belt which was attached to the safety seat.

As a result of the case vehicle's attempted avoidance maneuvers (i.e., braking and steering left) and the use of his available safety devices, the right rear passenger most likely moved slightly forward toward his safety seat harness just prior to impact.

Based on the vehicle and scene inspections and occupant kinematic principles, the case vehicle's primary impact with vehicle #2, not only deployed the case vehicle's air bags, but thrust the right rear passenger forward and slightly to his left. Because he was restrained, the seatbelt and child safety seat harness was loaded and prevented him from being thrown forward into the seatback. An inspection of the seatbelt (i.e. webbing and latch plate) showed no conclusive evidence of usage. This result occurred not only because of his lack of body weight but also because the majority of the decelerative forces were absorbed prior to reaching his rear seat position.

The right rear passenger most likely moved toward his right (as a result of the post-crash clockwise rotation) and backwards into his child safety seat. According to the case vehicle's driver, the right rear passenger was removed with some assistance, but it is unclear who removed the child. The indicated child safety seat usage most likely prevented this occupant from sustaining any reported injuries.

¹³ Because the child safety seat was not available during this contractor's vehicle inspection, the properness of the reported usage is unknown.

AIR BAG SYSTEM¹⁴

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Air Bag Diameter (seam-to-seam, deflated):	Width: 63 cm (24.8 in) Height: 65 cm (25.6 in)	Width: 66 cm (26.0 in) Height: 50 cm (19.7 in)
Number of Vent Holes:	Two	Two
Vent Hole Diameter:	3.0 cm (1.2 in)	3.0 cm (1.2 in)
Vent Hole Clock Positions:	Approximately 3 and 9 o'clock	Approximately 2 and 10 o'clock
Number of Air Bag Tethers:	None	One, 7.5 cm (3.0 in) wide
Number of Air Bag Module Cover Flaps:	Two	One
Left ¹⁴ /Upper Cover Flap Dimensions:	Width: 7.6 cm (3.0 in) Height: 11.4 cm (4.5 in)	Width: 39 cm (15.4 in) Side Height: Left - 27 cm (10.6 in) Right - 23 cm (9.1 in)
Right Cover Flap Dimensions:	Width: 7.6 cm (3.0 in) Height: 11.4 cm (4.5 in)	Not applicable
Distance between Dash and leading (i.e., closest) edge of Module's Cover Flap:	Not applicable	1.0 cm (0.4 in)
Generant Residue:	No unusual amount found	No unusual amount found

DIAGNOSTIC EVALUATION:

During this investigation, this contractor was contacted by two people from [REDACTED] one was with [REDACTED] NAO Safety and Restraints Center and the other with Product Analysis. According to these two [REDACTED] analysis, a [REDACTED] technician familiar with obtaining and deciphering stored information in [REDACTED] vehicle's equipped with either a DERM (Diagnostic Energy Reserve Module) or SDM ([REDACTED]) retrieved this information from the case vehicle a few weeks after this contractor's post-vehicle inspection. According to the technician, the case vehicle was equipped with an SDM.

According to these [REDACTED] analysis, the SDM is able to take a snap shot of any near deployment events the case vehicle has incurred throughout its driving lifetime. These near deployment events would include anything from a 8 km.p.h. (5 m.p.h.) fender bender to an impact just

¹⁴ The driver side air bag module's left cover flap did not completely tear open.

AIR BAG SYSTEM (CONTINUED)

DIAGNOSTIC EVALUATION: (Continued)

below the vehicle's threshold or higher--the latter causing deployment. Essentially the snapshot is taken at any deceleration event incurred by the case vehicle higher than "2g"s {i.e., two times the speed of gravity [9.8 meters/second/second (32 feet/second/second)]}. The SDM also is capable of recording the driver's seatbelt status at the last recorded event, any recorded air bag warnings that were detected (pre- or post-crash), and the time the warnings first appeared. Another important bit of information the SDM is capable of retaining is the maximum Delta V the case vehicle sustained during its deployment event (crash). The SDM also provides numerous bits of information that neither has meaning nor is of any use to this investigation.

In summary, the case vehicle's SDM revealed the following for this crash:

- o the crash occurred during ignition cycle 3790;
- o there were no malfunctions of the air bag (i.e., threshold was met);
- o no warning codes were stored prior to the crash;
- o warning codes stored on SDM post-crash are all associated with the crash;
- o the driver's three-point belt was not fastened at the time of the crash;
- o the case vehicle's maximum Delta V was 39 km.p.h. (24 m.p.h.) and reached peak at 150 milliseconds into the crash; and
- o the case vehicle achieved the deployment threshold 33.75 milliseconds into crash.

NOTE: This contractor believes the Delta V recorded by the case vehicle's SDM is on the high side but closer to the actual Delta V than what was indicated by the SMASH reconstruction program, damage only algorithm.

Appendix A:

RECONSTRUCTION PROGRAM RESULTS:

**SMASH
(DAMAGE ONLY ALGORITHM)**

**EDCRASH
(DAMAGE ONLY ALGORITHM)**

TRC VECTOR ANALYSIS ITERATIONS

SMASH
(DAMAGE ONLY ALGORITHM
-- INCLUDING
BARRIER EQUIVALENT SPEEDS)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

SMASH PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10

Primary
Sampling Unit

9618

Case No.-Stratum

01

Accident Event
Sequence No.

1 1

Date (Month, day, year) of Run

GENERAL INFORMATION

VEHICLE 1

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

1995

Chevrolet

Lumina

45

12 FZ EW2

10°

155°

VEHICLE 2

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

1988

Chevrolet

CORSICA

45

12 FZ EW2

10°

40°

VEHICLE SPECIFICATIONS

VEHICLE 1

Wheelbase

Overall Length

Overall Width

Weight

1510 + 120 + 2 = 1632 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

273 cm

510 cm

184 cm

3.1 L
FWD

3

9

VEHICLE 2

Wheelbase

Overall Length

Overall Width

Weight

1270 + 68 + 5 = 1343 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

263 cm

466 cm

173 cm

2.0 L
FWD

3

9

DAMAGE INFORMATION

VEHICLE 1

Damage Known?

Damage Length

Damage Offset

Crush Depth:

C1 0 cm

C2 1 cm

C3 11 cm

C4 20 cm

C5 27 cm

C6 29 cm

150 cm

46 cm

VEHICLE 2

Damage Known?

Damage Length

Damage Offset

Crush Depth:

C1 0 cm

C2 2 cm

C3 11 cm

C4 15 cm

C5 27 cm

C6 36 cm

136 cm

42 cm

National Accident Sampling System-Crashworthiness Data System: SMASH Program Summary

SCENE INFORMATION

Rest and Impact Positions ☐ No ☐ Yes

VEHICLE 1

VEHICLE 2

Rest X . . . m

Rest X . . . m

Position Y . . . m

Position Y . . . m

Heading Angle . . . °

Heading Angle . . . °

Impact X . . . m

Impact X . . . m

Position Y . . . m

Position Y . . . m

Heading Angle . . . °

Heading Angle . . . °

Slip Angle (-180 to +180) . . . °

Slip Angle (-180 to +180) . . . °

VEHICLE MOTION

Sustained Contact ☐ No ☐ YesSustained Contact ☐ No ☐ Yes

VEHICLE 1

VEHICLE 2

Vehicle Rotation ☐ No ☐ YesVehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X . . . m

End of Rotation X . . . m

Position Y . . . m

Position Y . . . m

Heading Angle . . . °

Heading Angle . . . °

Curved Path ☐ No ☐ YesCurved Path ☐ No ☐ Yes

Point on Path

X . . . m Y . . . m

Point on Path

X . . . m Y . . . m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ YesRotation > 360° ☐ No ☐ Yes

FRICTION INFORMATION

Coefficient of Friction . . .

Rolling Resistance Option 1

Vehicle 1 Rolling Resistance

Vehicle 2 Rolling Resistance

LF . . .

LF . . .

RF . . .

RF . . .

LR . . .

LR . . .

RR . . .

RR . . .

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Make: _____

Model: _____

VIN: _____

Complete and ATTACH the appropriate
damage sketch and dimensions to the form.

Summary of Results Using Damage

Special Crash Investigation, TRC/IU 96-18, Task 0057

Speed Change (Damage)

Vehicle #1

Total 19 km/h (12 mph)
 Longitudinal -18 km/h (-11 mph)
 Latitudinal 3 km/h (2 mph)
 PDOF Angle -10 ½
 Energy Dissipated = 31778 Joules (23435 Ft-Lb)
 Barrier Equivalent Speed = 18.0 km/h (11.2 mph)
 Calculated using crush coefficients entered by the user.

Vehicle #2

Total 23 km/h (14 mph)
 Longitudinal -22 km/h (-14 mph)
 Latitudinal -4 km/h (-2 mph)
 PDOF Angle 10 ½
 Energy Dissipated = 30781 Joules (22700 Ft-Lb)
 Barrier Equivalent Speed = 23.7 km/h (14.7 mph)
 Calculated using crush coefficients found in the vehicle database.

General Information

	Vehicle #1 áááááááááá	Vehicle #2 áááááááááá
Year	1995	1988
Make	Chevrolet	Chevrolet
Model	Lumina	Corsica
CDC	12FZEW2	12FZEW2
Side Damaged	F	F
PDOF Angle	-10 ½	10 ½
Heading Angle	155 ½	-40 ½

Calculation method:	Vehicle's Crush Coeff.	Calculated Crush Coeff.
d0 crush coeff.	99.19 sqrt(N)	111.30 sqrt(N)
d1 crush coeff.	6.47 sqrt(N)/cm	6.47 sqrt(N)/cm

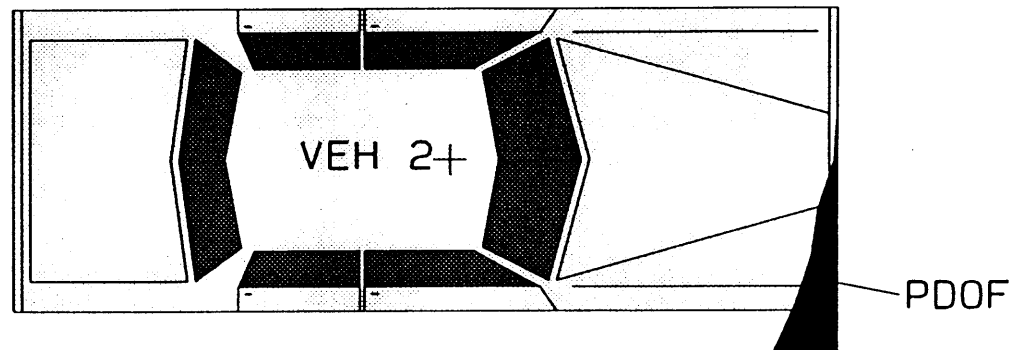
Damage Information

Vehicle Damage Known	Vehicle #1	Vehicle #2
	áááááááááááá	áááááááááááá
	Yes	Yes
Crush Length	150.0 cm (59 in)	136.0 cm (54 in)
C1	0.0 cm (0 in)	0.0 cm (0 in)
C2	1.0 cm (0 in)	2.0 cm (1 in)
C3	11.0 cm (4 in)	11.0 cm (4 in)
C4	20.0 cm (8 in)	15.0 cm (6 in)
C5	27.0 cm (11 in)	24.0 cm (9 in)
C6	29.0 cm (11 in)	36.0 cm (14 in)
D	46.0 cm (18 in)	42.0 cm (17 in)
D'	76.6 cm (30 in)	70.8 cm (28 in)

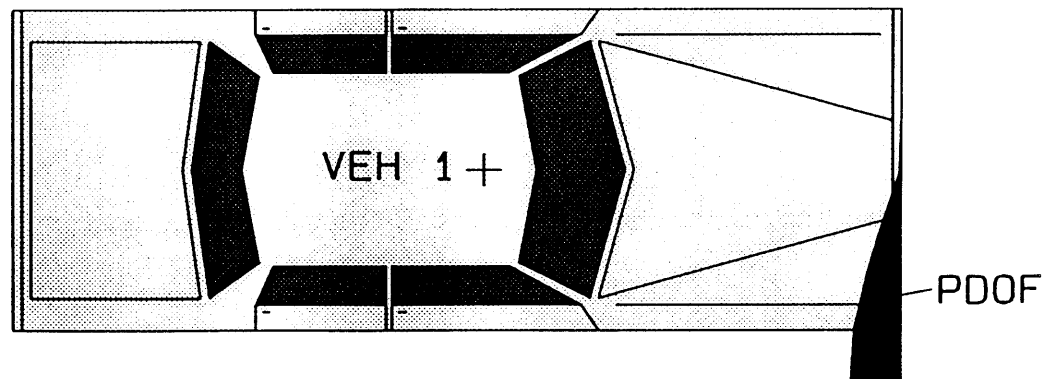
Vehicle Dimensions

	Vehicle #1	Vehicle #2
	áááááááááááá	áááááááááááá
Length	510.0 cm (201 in)	466.0 cm (183 in)
Width	184.0 cm (72 in)	173.0 cm (68 in)
Wheelbase	273.0 cm (107 in)	263.0 cm (104 in)
Weight	1632 kgs (3598 lbs)	1343 kgs (2961 lbs)
CG to Front of Veh	228.1 cm (90 in)	228.1 cm (90 in)
Engine Displacement	3.1 liters	2.0 liters
Moment of Inertia	383494 kgs (33944 lbs)	263479 kgs (23321 lbs)
Vehicle Mass	1632 kgs (9.4 lb-s ² /in)	1343 kgs (7.7 lb-s ² /in)

1988 Chevrolet Corsica



1995 Chevrolet Lumina



EDCRASH
(DAMAGE ONLY ALGORITHM)

S U M M A R Y O F E D C R A S H R E S U L T S

Lic. User: NHTSA #8 S/N: 0266-8 Version: 4.61

Date: [REDACTED] 1996

[REDACTED], TRC/IU 96-18, Task 0057

MESSAGES:

NO MESSAGES

VEHICLE # 1

IMPACT SPEED km/h		SPEED CHANGE km/h			BASIS FOR RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND DAMAGE
		18.8	-18.6	3.3	DAMAGE DATA ONLY

VEHICLE # 2

IMPACT SPEED km/h		SPEED CHANGE km/h			BASIS FOR RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND DAMAGE
		22.9	-22.5	-4.0	DAMAGE DATA ONLY

SUMMARY OF DAMAGE DATA
(NOTE: '**' indicates default value)

	Vehicle #1	Vehicle #2
CLASS / STIFFNESS CATEGORIES	3 / 9	3 / 9
WEIGHT	1632.0 kg	1343.0 kg
CDC	12FZEW2	12FZEW2
DAMAGE WIDTH	150.0 cm	136.0 cm
CRUSH DEPTH 1	0.0 cm	0.0 cm
CRUSH DEPTH 2	1.0 cm	2.0 cm
CRUSH DEPTH 3	11.0 cm	11.0 cm
CRUSH DEPTH 4	20.0 cm	15.0 cm
CRUSH DEPTH 5	27.0 cm	24.0 cm
CRUSH DEPTH 6	29.0 cm	36.0 cm
DAMAGE MIDPOINT OFFSET	46.0 cm	42.0 cm
DAMAGE ENERGY	34146.9 Joules	29907.4 Joules
MAGNITUDE OF PRINCIPAL FORCE	157778.8 N	140540.4 N
DIRECTION OF PRINCIPAL FORCE	-10.0 deg	10.0 deg
MOMENT ARM OF PRINCIPAL FORCE	113.1 cm	32.0 cm
DAMAGE CENTROID	76.6 cm	70.8 cm

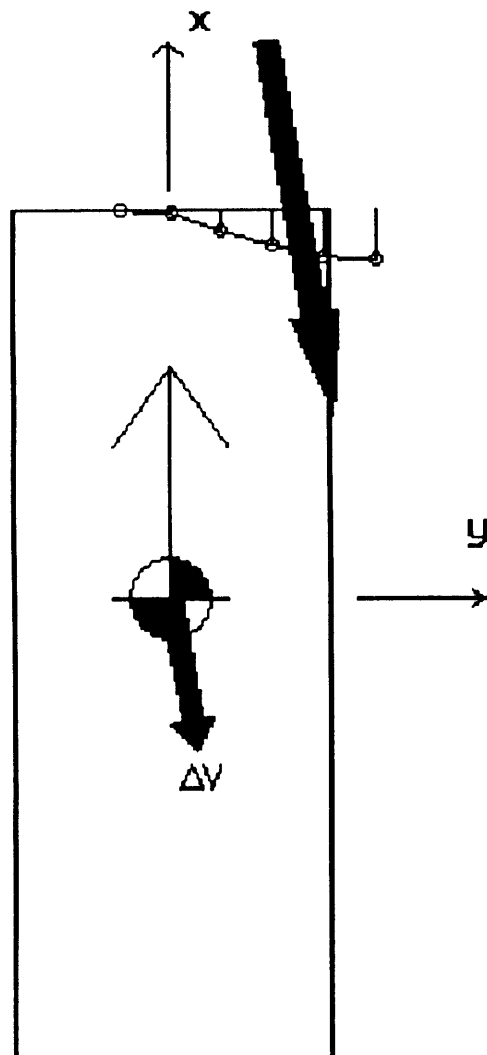
DIMENSIONAL, INERTIAL AND CRUSH STIFFNESS PROPERTIES
(NOTE: '**' indicates default value)

	Vehicle #1		Vehicle #2	
CG TO FRONT AXLE	130.3 cm	**	130.3 cm	**
CG TO REAR AXLE	141.0 cm	**	141.0 cm	**
TRACKWIDTH	149.6 cm	**	149.6 cm	**
YAW MOMENT OF INERTIA	3497.2 kg-m^2	**	2877.9 kg-m^2	**
MASS	1629.3 kg		1340.8 kg	
BODY LENGTH FROM CG TO FRONT	228.1 cm	**	228.1 cm	**
BODY LENGTH FROM CG TO REAR	-270.3 cm	**	-270.3 cm	**
BODY OVERALL WIDTH	184.4 cm	**	184.4 cm	**

CRUSH STIFFNESSES:

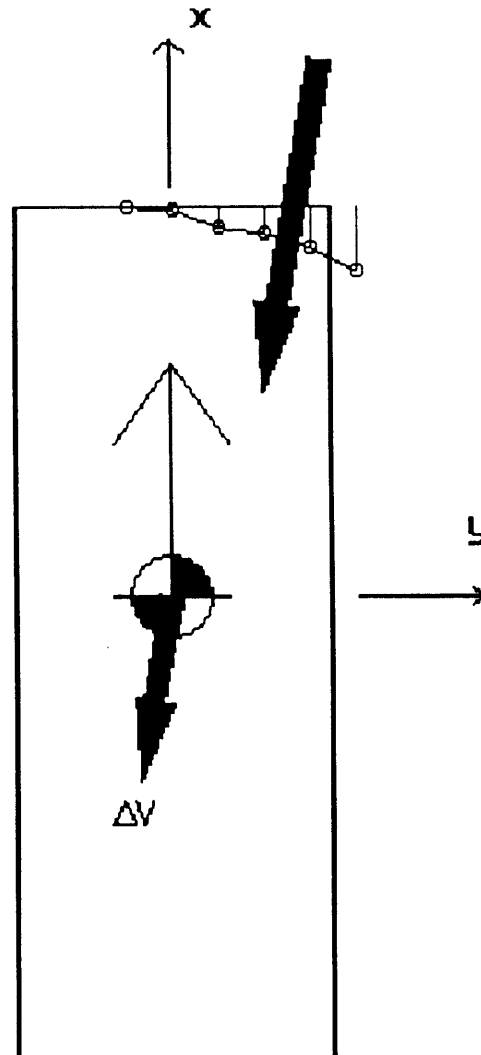
A	B	A	B
lb/in	lb/in^2	lb/in	lb/in^2
373.4 **	37.7 **	373.4 **	37.7 **

Vehicle No. 1



CDC/PDOF: 12FZEW2 -10.0 deg
 Max Impact Force: 157779 N

Vehicle No. 2



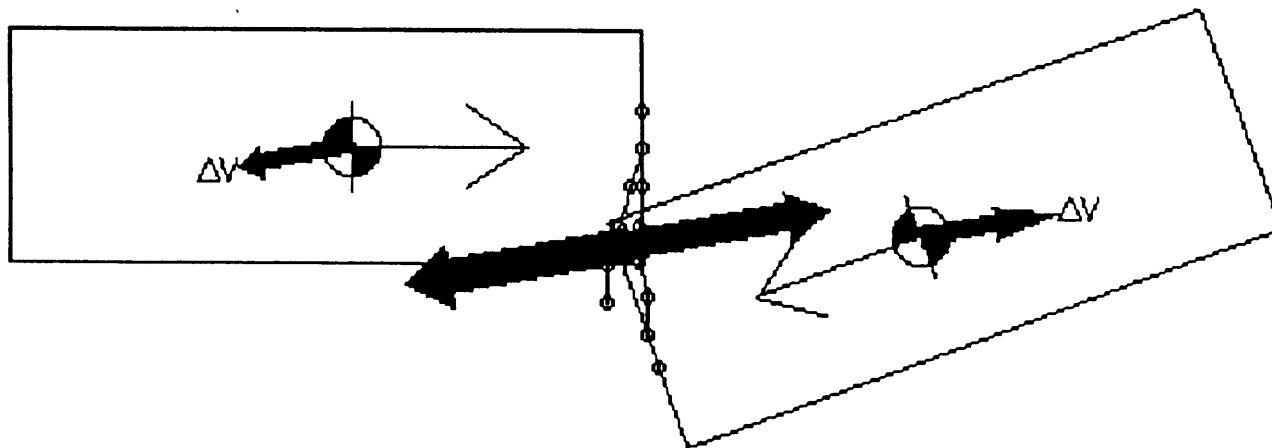
CDC/PDOF: 12FZEW2 10.0 deg
 Max Impact Force: 140540 N



EDCRASH Damage Profiles

	Veh #1	Veh #2
Delta-U (km/h):		
X	-18.6	-22.5
Y	3.3	-4.0
Tot	18.8	22.9

Crush Data (cm):		
W	150.0	136.0
D	46.0	42.0
C1	0.0	0.0
C2	1.0	2.0
C3	11.0	11.0
C4	20.0	15.0
C5	27.0	24.0
C6	29.0	36.0



EDCRASH
At Impact

	Ueh #1	Ueh #2
Delta-U (km/h)		
(BASIS: Damage)		
X	-18.6	-22.5
Y	3.3	-4.0
Tot	18.8	22.9
PDOF	-10.0	10.0

UNITS: km/h,m,deg

(NO SCENE DATA)

TRC VECTOR ANALYSIS ITERATIONS

The TRC Vector Analysis program was used to determine the resultant theoretical Direction of Principal Force (PDOF) for both vehicles. Heading angles were determined from a combination of the Police Accident Report, the scene, and the vehicle inspections, and weights were obtained from original specifications and the interviewees. Based on our inspection of the each vehicle's crush, this contractor initially estimated the PDOFs as -10 degrees for the case vehicle and +10 degrees for vehicle #2.

The driver of the case vehicle indicated in her interview that she was traveling about 40 km.p.h. (25 m.p.h.), well below the statutory SPEED LIMIT of 89 km.p.h. (55 m.p.h.), when she braked and steer left to avoid vehicle #2. Based on the road's speed limit, supported by the crush to both the case vehicle and vehicle #2, this contractor believes that the case vehicle was most likely traveling 64-80 km.p.h. (40-50 m.p.h.) prior to impact. Because pre-impact skidmarks were noted on the Police Accident Report, her speed at impact was most likely 48-64 km.p.h. (30-40 m.p.h.).

The driver of vehicle #2 indicated in her interview that she was traveling about 40 km.p.h. (25 m.p.h.), also well below the statutory SPEED LIMIT of 89 km.p.h. (55 m.p.h.), when she steer left to avoid the case vehicle. Once again, based on the road's speed limit and the crush to both vehicles, this contractor believes that vehicle #2 was most likely traveling 40-56 km.p.h. (25-35 m.p.h.) prior to impact. Since no pre-impact skidmarks were noted on the Police Accident Report, her speed at impact was most likely approximately 48 km.p.h. (30 m.p.h.).

Nine iterations of vehicle speeds are shown below: 48-64 km.p.h. (30-40 m.p.h.) for the case vehicle and 40-64 km.p.h. (25-35 m.p.h.) for vehicle #2. The program indicates that (1) as the case vehicle's speed increases, the force collinearity vector rotates no more than +1 degrees for both vehicles, and (2) as vehicle #2's speed increases, the force collinearity vector rotates no more than -1 degrees for the case vehicle and vehicle #2, respectively. Iterations 2, 3, 5, and 6 most closely match the observed vehicle crush. Therefore, the impact speeds for the case vehicle and vehicle #2 are most likely 56 km.p.h. (35 m.p.h.) and 48 km.p.h. (30 m.p.h.), respectively. In accordance with NASS, CDS protocol, the PDOFs were assigned at -10 for the case vehicle and +10 for vehicle #2.

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-18

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	155	320	(1)
CG Heading Angle	155	320	
CRASH 3 Slip Angle	0	0	
Weight-Cargo	2	5	
Weight-Vehicle Curb Wt	1510	1270	
Weight-Passenger(s)	120	68	
Weight-Total	1632	1343	
Estimated Speed	48 (30)	40 (25) m.p.h.	
Momentum	78336	53720	
PDOF (Degrees)	-6	9	91 STM
PDOF (Clock Direction)	12	12	
Theoretical Delta V	39.4	47.9	
Theoretical Common Vel.		10.0	Post-Crash CG Heading 183

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-18

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	155	320	(2)
CG Heading Angle	155	320	
CRASH 3 Slip Angle	0	0	
Weight-Cargo	2	5	
Weight-Vehicle Curb Wt	1510	1270	
Weight-Passenger(s)	120	68	
Weight-Total	1632	1343	
Estimated Speed	48 (30)	48 (30) m.p.h.	
Momentum	78336	64464	
PDOF (Degrees)	-7	8	91 STM
PDOF (Clock Direction)	12	12	
Theoretical Delta V	43.0	52.2	
Theoretical Common Vel.		7.8	Post-Crash CG Heading 201

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-18

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)
Ln. Axis Heading Angle	155	320
CG Heading Angle	155	320
CRASH 3 Slip Angle	0	0
Weight-Cargo	2	5
Weight-Vehicle Curb Wt	1510	1270
Weight-Passenger(s)	120	68
Weight-Total	1632	1343
Estimated Speed	48 (30)	56 (35) m.p.h.
Momentum	78336	75208
PDOF (Degrees)	-7	8
PDOF (Clock Direction)	12	12
Theoretical Delta V	46.5	56.6
Theoretical Common Vel.	6.8	Post-Crash CG Heading 229

(3)

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-18

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)
Ln. Axis Heading Angle	155	320
CG Heading Angle	155	320
CRASH 3 Slip Angle	0	0
Weight-Cargo	2	5
Weight-Vehicle Curb Wt	1510	1270
Weight-Passenger(s)	120	68
Weight-Total	1632	1343
Estimated Speed	56 (35)	40 (25) m.p.h.
Momentum	91392	53720
PDOF (Degrees)	-6	9
PDOF (Clock Direction)	12	12
Theoretical Delta V	43.0	52.2
Theoretical Common Vel.	14.1	Post-Crash CG Heading 174

(4)

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-18

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	155	320	
CG Heading Angle	155	320	
CRASH 3 Slip Angle	0	0	
Weight-Cargo	2	5	
Weight-Vehicle Curb Wt	1510	1270	
Weight-Passenger(s)	120	68	
Weight-Total	1632	1343	
Estimated Speed	56 (35)	48 (30) m.p.h.	
Momentum	91392	64464	
PDOF (Degrees)	-6	9	91 STM
PDOF (Clock Direction)	12	12	
Theoretical Delta V	46.5	56.6	
Theoretical Common Vel.		11.3	Post-Crash CG Heading 185

(5)

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-18

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	155	320	
CG Heading Angle	155	320	
CRASH 3 Slip Angle	0	0	
Weight-Cargo	2	5	
Weight-Vehicle Curb Wt	1510	1270	
Weight-Passenger(s)	120	68	
Weight-Total	1632	1343	
Estimated Speed	56 (35)	56 (35) m.p.h.	
Momentum	91392	75208	
PDOF (Degrees)	-7	8	91 STM
PDOF (Clock Direction)	12	12	
Theoretical Delta V	50.1	60.9	
Theoretical Common Vel.		9.1	Post-Crash CG Heading 201

(6)

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-18

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	155	320	(7)
CG Heading Angle	155	320	
CRASH 3 Slip Angle	0	0	
Weight-Cargo	2	5	
Weight-Vehicle Curb Wt	1510	1270	
Weight-Passenger(s)	120	68	
Weight-Total	1632	1343	
Estimated Speed	64 (40)	40 (25) m.p.h	
Momentum	104448	53720	
PDOF (Degrees)	-5	10	91 STM
PDOF (Clock Direction)	12	12	
Theoretical Delta V	46.6	56.6	
Theoretical Common Vel.	18.3	Post-Crash CG Heading	170

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-18

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	155	320	(8)
CG Heading Angle	155	320	
CRASH 3 Slip Angle	0	0	
Weight-Cargo	2	5	
Weight-Vehicle Curb Wt	1510	1270	
Weight-Passenger(s)	120	68	
Weight-Total	1632	1343	
Estimated Speed	64 (40)	48 (30) m.p.h.	
Momentum	104448	64464	
PDOF (Degrees)	-6	9	91 STM
PDOF (Clock Direction)	12	12	
Theoretical Delta V	50.1	60.9	
Theoretical Common Vel.	15.2	Post-Crash CG Heading	177

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-18

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(9)	
Ln. Axis Heading Angle	155	320		
CG Heading Angle	155	320		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	2	5		
Weight-Vehicle Curb Wt	1510	1270		
Weight-Passenger(s)	120	68		
Weight-Total	1632	1343		
Estimated Speed	64 (40)	56 (35) m.p.h.		
Momentum	104448	75208		
PDOF (Degrees)	-6	9	91	STM
PDOF (Clock Direction)	12	12		
Theoretical Delta V	53.7	65.3		
Theoretical Common Vel.		12.5	Post-Crash CG Heading	186

TRC VECTOR ANALYSIS PROGRAM

PDOF (Direction of Principal Force) is assigned based on the vehicular crush. Heading Angles are assigned based on scene evidence and Police Accident Reported crash configurations. This program was created to enable researchers in the NASS CDS to assess the compatibility of their assigned vehicle PDOFs and heading angles. When two vehicles are involved in an impact, researchers were often times submitting PDOFs that were not compatible with their heading angle assignments, indicating a lack of understanding of basic vector analysis concepts. Subsequently, the TRC has used this program to help verify our field PDOF assignments by making logical changes in the reconstructed crash configuration and determining the affect these changes have on PDOF.

Principal: This program is based on the geometric triangle rule (i.e., the sum of the three angles of a triangle must equal 180 degrees). The direction of one vehicle's (e.g., the case vehicle or Vehicle #1) CG (i.e., Center of Gravity) forms one side of the triangle. The direction of the other vehicle's (e.g., Vehicle #2) CG forms a second side of the triangle. The third side of the triangle is then formed by each vehicle's respective PDOF because the forces are assumed to act collinear.

Assumptions: It is assumed that each vehicle's weight can be represented by a *"point-mass"*. It is assumed that the vector force acting on each vehicle goes through the center of gravity (i.e., CG) of the vehicle. Further, it is assumed that the vehicles move off together joined as one object. This program does not take into affect the mass reduction that occurs in other reconstruction programs since its primary purpose is to check the compatibility of the field determined PDOF and Heading Angle.

Inputs: Heading Angle, Slip Angle (*"Yaw"*), Weights (Curb Weight, Cargo Weight, and Weight of all occupants), and Speed

Outputs: This program's primary output is each vehicle's theoretical PDOF, presented in both degrees and CDC clock directions. Other outputs include a theoretical Delta V and a theoretical Common Velocity. The theoretical Delta V shows the maximum Delta V for the given speeds and weights assuming a dead center impact. For special crash investigation purposes, the last two outputs should be essentially ignored.

Use: The TRC uses this program on nonaxial collisions involving two vehicles to vary the *"less established inputs"* in order to determine what theoretical affect these changes have on our field observed PDOFs. The most solid input is the weights of the respective vehicles. Even though the cargo weight is rarely accurately known, its order of magnitude is such that in the vast majority of crashes its affect is minor. The next solid inputs are the vehicle's heading angle and slip angle. In most cases these are fairly well known from the available physical evidence. The least solid input is the vehicle's speed. The submitted iterations show the inputs and what variations to those inputs that the TRC took into consideration. The PDOF outcomes are then compared with our field observed PDOF and adjustments are made, if necessary, in our final coding.

Purpose: This program is but one more tool in the hands of a researcher aimed at providing the best data.

Appendix B:

REPORT OF CONSULTANT ENGINEER

[REDACTED]
REGISTERED PROFESSIONAL ENGINEER

[REDACTED] INDIANA [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] 1996

[REDACTED]
Indiana University Transportation Research Center
[REDACTED]
[REDACTED], IN
[REDACTED]

Re: TRC case SCI 96-18
Kansas, 1996

Dear Mr. [REDACTED]

This letter will report my findings regarding the subject crash in which a 1995 Chevrolet Lumina 4-door sedan (the case vehicle) was southbound on a county road and a 1988 Chevrolet Corsica 4-door sedan was northbound on the same road in [REDACTED], in [REDACTED] 1996. In the crash the fronts of the two vehicles impacted upon each other, the driver and passenger airbags in the case vehicle deployed, and the right front passenger in the case vehicle, a 5-year old boy, was killed. You asked me to examine the seat belts and to consider whether the right front passenger in the case vehicle was using his seat belt, and if so, in what manner at the time of the crash.

Sources

I have reviewed the following sources of information concerning this crash:

1. Police accident report.
2. Photographs of the crash scene and of the crash vehicles.
3. Information that the delta-v of the case vehicle was approximately 12 miles per hour, based upon your measurements of the two vehicles and your reconstruction using recognized computer programs and techniques.
4. Information that at the time of the crash the right front passenger was 5 years old, weighed approximately 42 lbs, was not using a booster seat, and did not sustain any body markings associated with seat belts.

5. Information that the vehicle mileage was approximately 33,295 at the time of the crash.
6. My inspection at your office of the driver seat belt outboard assembly, the front passenger seat belt inboard and outboard assemblies, and the passenger air bag module, materials which you had previously removed from the case vehicle with the assistance of a mechanic.

Findings

I inspected and, with your assistance, photographed the driver and right front passenger outboard seat belt assemblies, and also the inboard assembly of the passenger restraint system. I also inspected the passenger air bag module and cover flap. This vehicle utilizes a three-point, continuous loop, single retractor belt system with free sliding latch plate at both front outboard front seating positions. The passenger seat belt retractor is switchable from emergency locking mode to automatic locking mode to permit use of a forward facing child restraint in the right front seat. The passenger inflatable restraint is a tethered bag with vent holes at the right and left sides.

On the driver and passenger seat belt restraint systems I noted cumulative usage, as indicated by latch plate wear, webbing wear, and retractor tooth wear, consistent with the mileage of the vehicle. On each seat belt I examined the outboard anchor and adjacent webbing, the length of the webbing along both sides of the webbing considering particularly the areas where it would contact the latch plate and D-ring in use, the latch plate, the D-ring, the retractor spool teeth and the retractor lock bar. I also inspected the buckle, sheath, and inboard anchor of the passenger restraint system.

The webbing was wrinkled in certain areas on both the driver and passenger belts, a result of use and of post-removal storage. There were smudges and torn fibers on the drivers belt attributable to closing it in the door. There were stains on the passenger belt which could be from closing it in the door, but also appeared consistent with greasy finger marks. The latch plates and the B-pillar guide rings are entirely unmarked on the parts of the webbing pass through where webbing pressure would occur in this crash. The webbing in the area of the black smudges and also in the areas of engagement with the latch plate and B-pillar guide ring was examined under magnification. The fibers were not abraded they retain a shiny

surface consistent with the age and mileage of the vehicle. The black smudges are foreign material deposited into the crevices of the weave. The retractor internal parts have areas where the metal plating is abraded from use and also areas where it is abraded from other causes such as parts scuffing together prior to assembly. On each retractor, one of the toothed wheels leads the other slightly, and both the leading and trailing wheels were marked from lock bar contact at several of the teeth. Teeth on which the marking was more pronounced were compared with the corresponding tooth of the other toothed wheel, but no pairs of marked teeth were found.

Conclusion

There is no indication on any part of the restraint system that the right front passenger was using his seat belt in any manner at the time of the crash. This lack of positive findings does not, however, establish that he was not using the seat belt. Considering the right front passenger's weight (only 42 lbs) and the modest severity of the crash (12 mph delta-v, approximately frontal direction) pronounced marking of the restraint system would not be expected if he had used it in this crash. The lack of positive findings in any of the several places which I had the opportunity to examine thoroughly is supportive of a conclusion of non-use but would provide no support for a conclusion that the right front passenger's belt was used in this crash.

Please let me know if I may provide additional information concerning this report.

Sincerely yours,

PHD PE

Appendix C:

SELECTED PHOTOGRAPHS: SCENE AND VEHICLES

A total of eight-six color copies of photographs are presented and referenced as Photograph #01 through Photograph #86. Photographs numbered #07, #09, #14 through #21, #32, #35, and #84 were taken and made available by the applicable [REDACTED]. [REDACTED] The remainder of these photographs were taken by the Transportation Research Center.



01: Case Vehicle's southward travel path in center of gravel road approximately 30 meters (98 feet) north of impact [i.e., orange vest in road (cells D5--D6)]



02: Case vehicle's southward travel path in center of gravel road (i.e., in northbound lane) approximately 20 meters (66 feet) north of impact (i.e., orange vest)



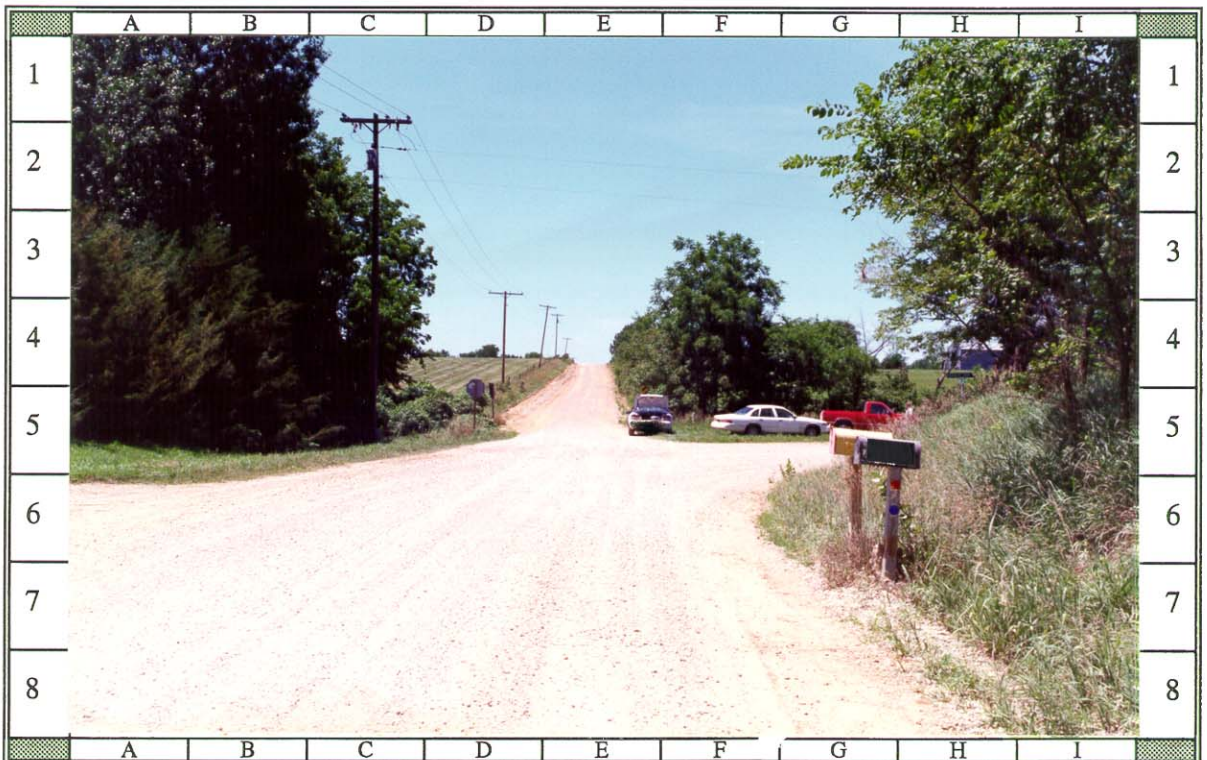
03: Case Vehicle's southeastward travel path in left curve, primarily in northbound lane approximately 10 meters (33 feet) north of impact (i.e., orange vest)



04: Case Vehicle's southeastward travel path in left curve, primarily in northbound lane near approximate point of impact (i.e., orange vest)



05: Northeastward view of Case Vehicle's southbound travel path through inside part of the curve, primarily in northbound lane from south of point of impact



06: Vehicle #2's westward travel path on gravel road prior to entering right-hand curve to go northbound



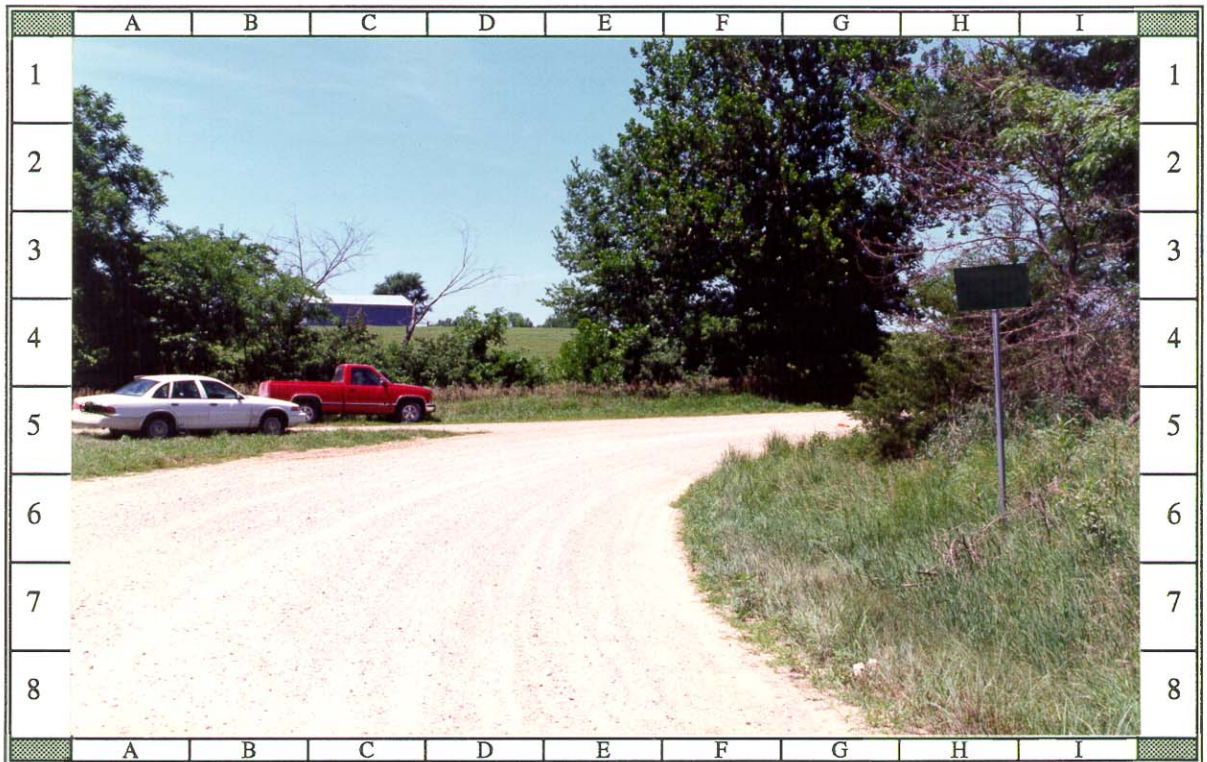
07: On-scene view of Vehicle #2's westward travel path entering right curve from center of roadway, approximately 55 meters (180 feet) southeast of impact



08: Vehicle #2's westward travel path entering right curve approximately 45 meters (148 feet) southeast of impact



09: On-scene northwestward view from center of roadway approximately 45 meters (148 feet) from impact showing Vehicle #2 and Case Vehicle at final rest



10: Vehicle #2's north-northwestward travel path in right curve lane approximately 30 meters (98 feet) southeast of impact [i.e., orange vest (cell G5) in road]



11: Vehicle #2's northwestward travel path in right curve approximately 20 meters (66 feet) southeast of impact (i.e., orange vest)



12: Vehicle #2's northwestward travel path in right curve approximately 5 meters (16 feet) southeast of impact (i.e., orange vest)



13: Southeastward view of Vehicle #2's northwestward travel path in right curve from north of point of impact (i.e., orange vest in road)



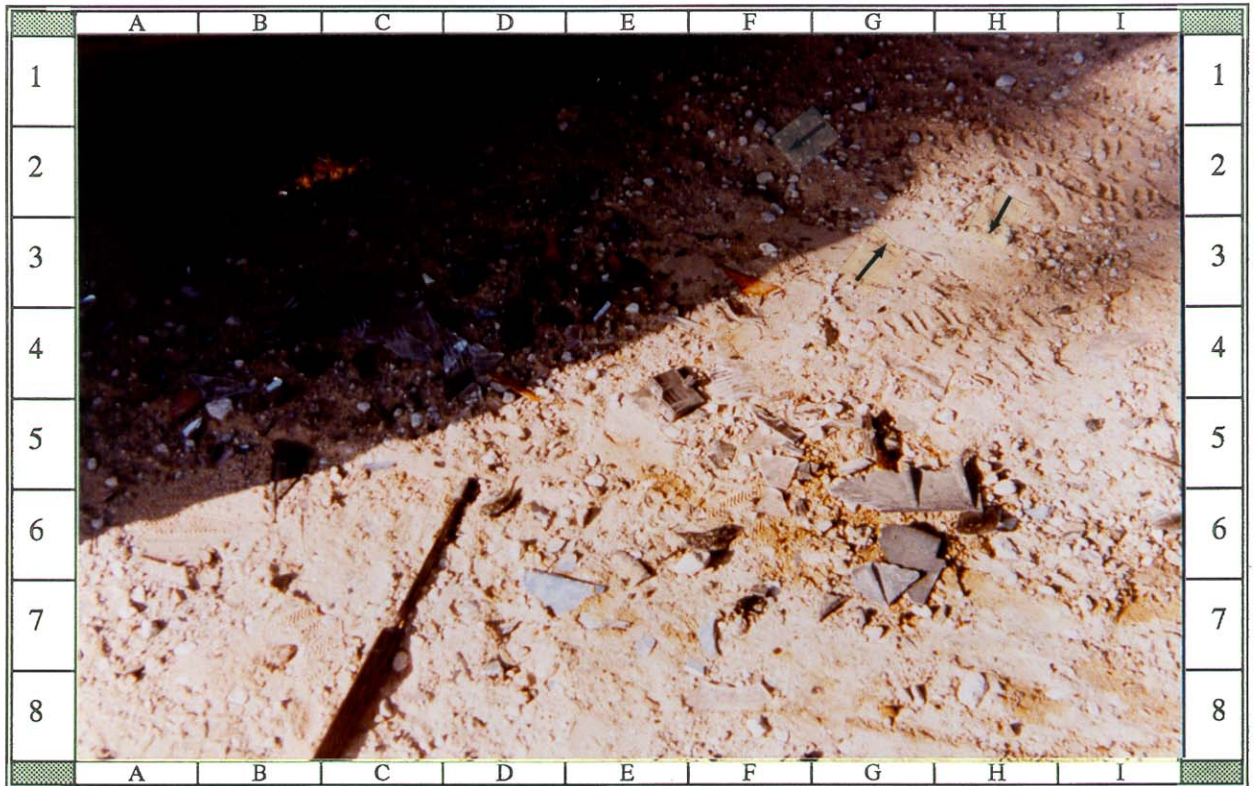
14: On-scene northwestward view of Vehicle #2 (foreground) and Case Vehicle (background) at final rest; NOTE: both drivers steered toward outside of curve



15: On-scene eastward view of Case Vehicle (left) and Vehicle #2 (right) at final rest;
NOTE: Vehicle #2 was knocked back from point of impact



16: On-scene close-up at point of impact of debris in roadway from both vehicles;
NOTE: gouge to ground from Case Vehicle's undercarriage (cells F5--E3)



17: On-scene closer-up at point of impact of debris in roadway from both vehicles;
NOTE: Case Vehicle's undercarriage contact to ground (cells H3--E1)



18: On-scene southeastward close-up view of braking mark on gravel roadway from Case Vehicle's left front tire (cells C7-E1) viewed from behind right rear tire



19: On-scene westward close-up of braking mark from Case Vehicle's left front tire of (cells B6-I5); NOTE: Case Vehicle equipped with anti-lock braking system



20: On-scene southeastward view of Vehicle #2 at final rest from bumper level just behind Case Vehicle's front right; NOTE: Vehicle #2's radiator spill



21: On-scene northward view of Case Vehicle's damaged front right; NOTE: direct damage begins near manufacturer's logo (cell E6)

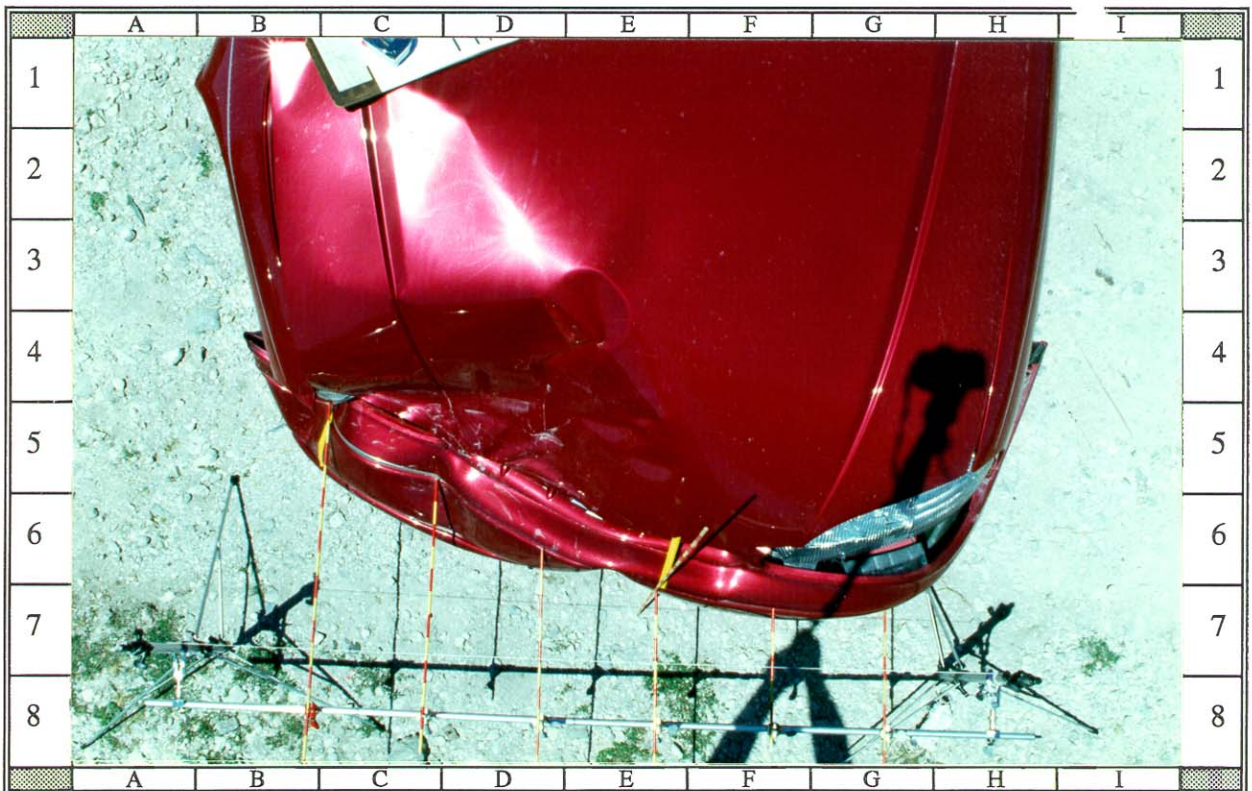


22: Case Vehicle's damaged front end with contour gauge present; NOTE: yellow tape at C₃ marks beginning of direct damage

Case Vehicle: 1995 Chevrolet Lumina, 4-Door Sedan, FWD, 6-Passenger, 3.1 L (191 in³) V-6 MPFI



23: Close-up of direct damage to Case Vehicle's front right with contour gauge present; NOTE: underride type damage toward front right corner



24: Overhead view Case Vehicle's frontal damaged showing crush envelope and maximum crush at C₆



25: Case Vehicle's damaged front viewed from approximately 30 degrees left of front; NOTE: induced damage to left front bumper corner (cells F7--G6)



26: Reference line view of Case Vehicle's frontal damage from left with contour gauge present; NOTE: induced damage to left front bumper corner

Case Vehicle: 1995 Chevrolet Lumina, 4-Door Sedan, FWD, 6-Passenger, 3.1 L (191 in³) V-6 MPFI

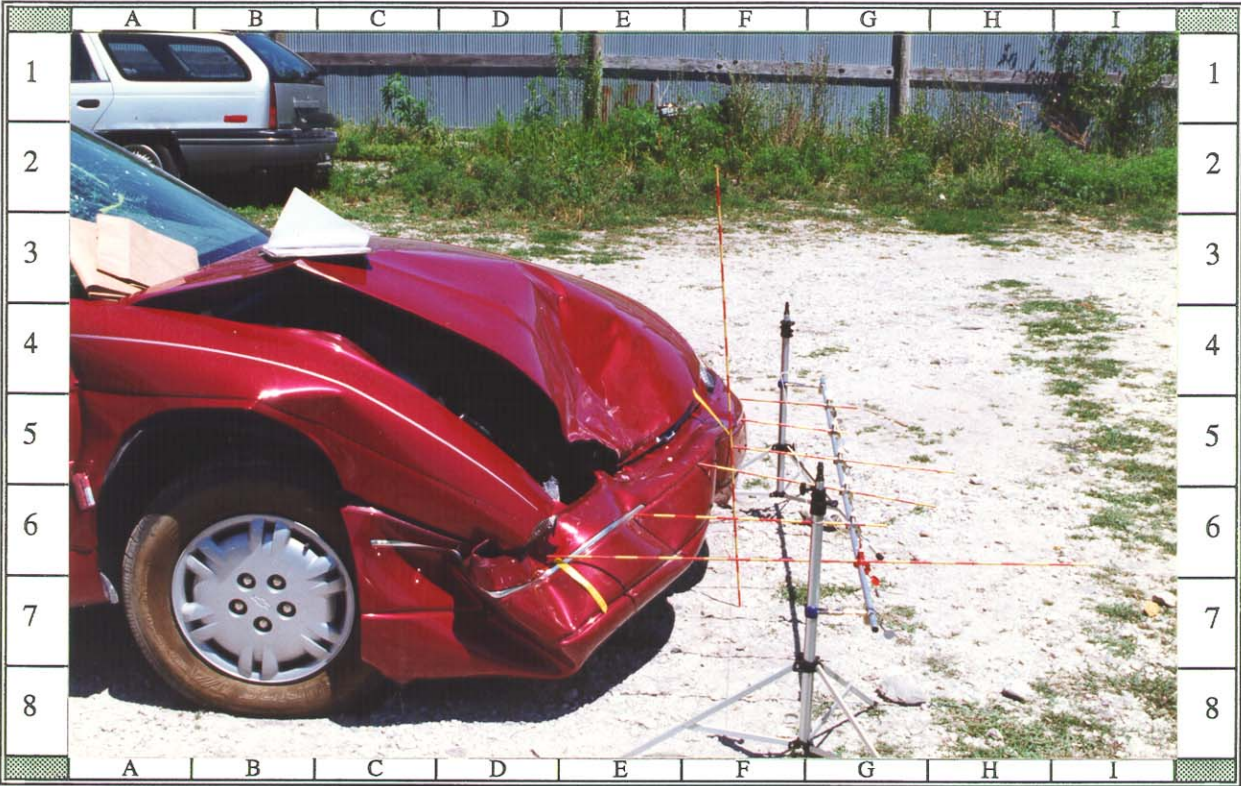


27: Case Vehicle's undamaged back and left side viewed from approximately 45 degrees left of back



28: Case Vehicle's undamaged back and right side (i.e. behind right front wheel) viewed from approximately 30 degrees right of back

Case Vehicle: 1995 Chevrolet Lumina, 4-Door Sedan, FWD, 6-Passenger, 3.1 L (191 in³) V-6 MPFI

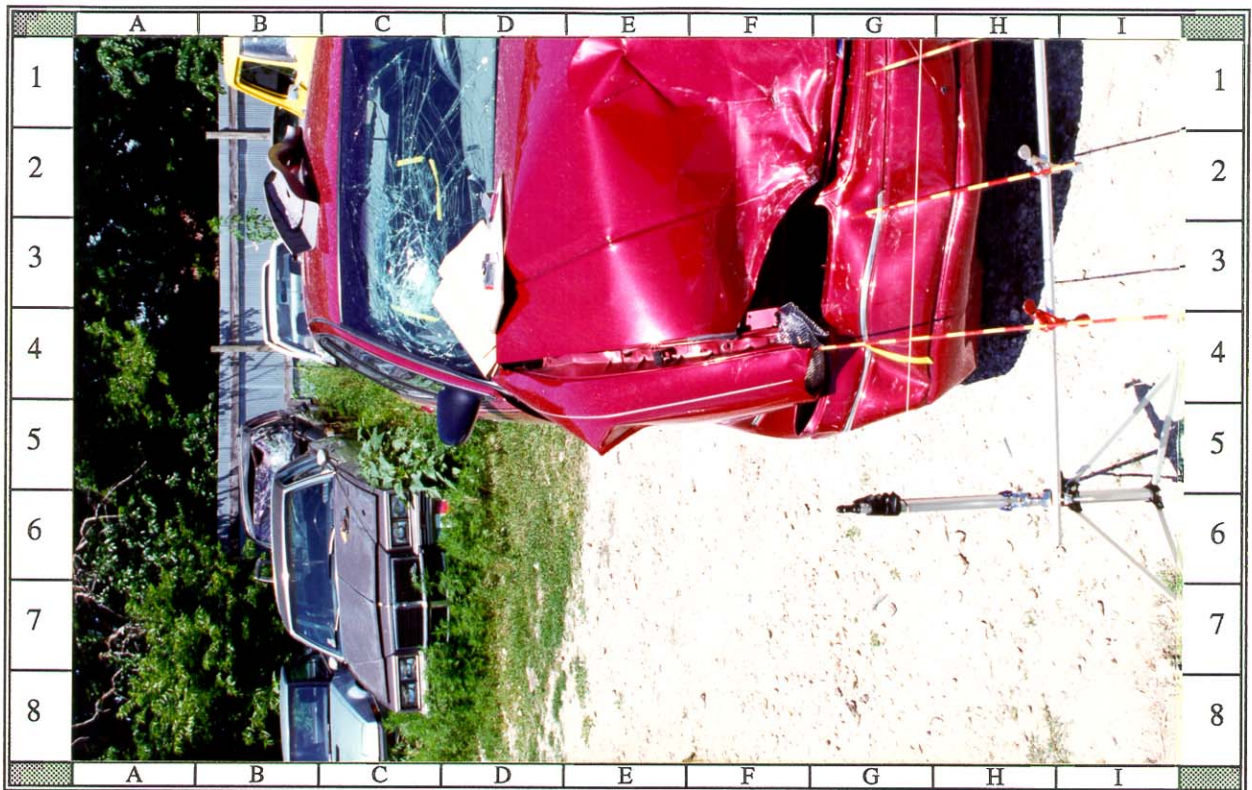


29: Reference line view of Case Vehicle's frontal damage from right with contour gauge present showing crush envelope and maximum crush at C₆



30: Case Vehicle's damaged front viewed from approximately 45 degrees right of front; NOTE: bumper shifted to right and underride type damage pattern

Case Vehicle: 1995 Chevrolet Lumina, 4-Door Sedan, FWD, 6-Passenger, 3.1 L (191 in³) V-6 MPFI



31: Vertical reference line view of Case Vehicle's right side from front showing rightward bumper shift; NOTE: right front windshield damage



32: On-scene close-up of Case Vehicle's right front windshield damage; NOTE: passenger air bag's cover flap caused damage during deployment



33: Interior surface of Case Vehicle's driver door, seating area, and deployed air bag;
NOTE yellow tape indicates contacted area (cells G3--H4)



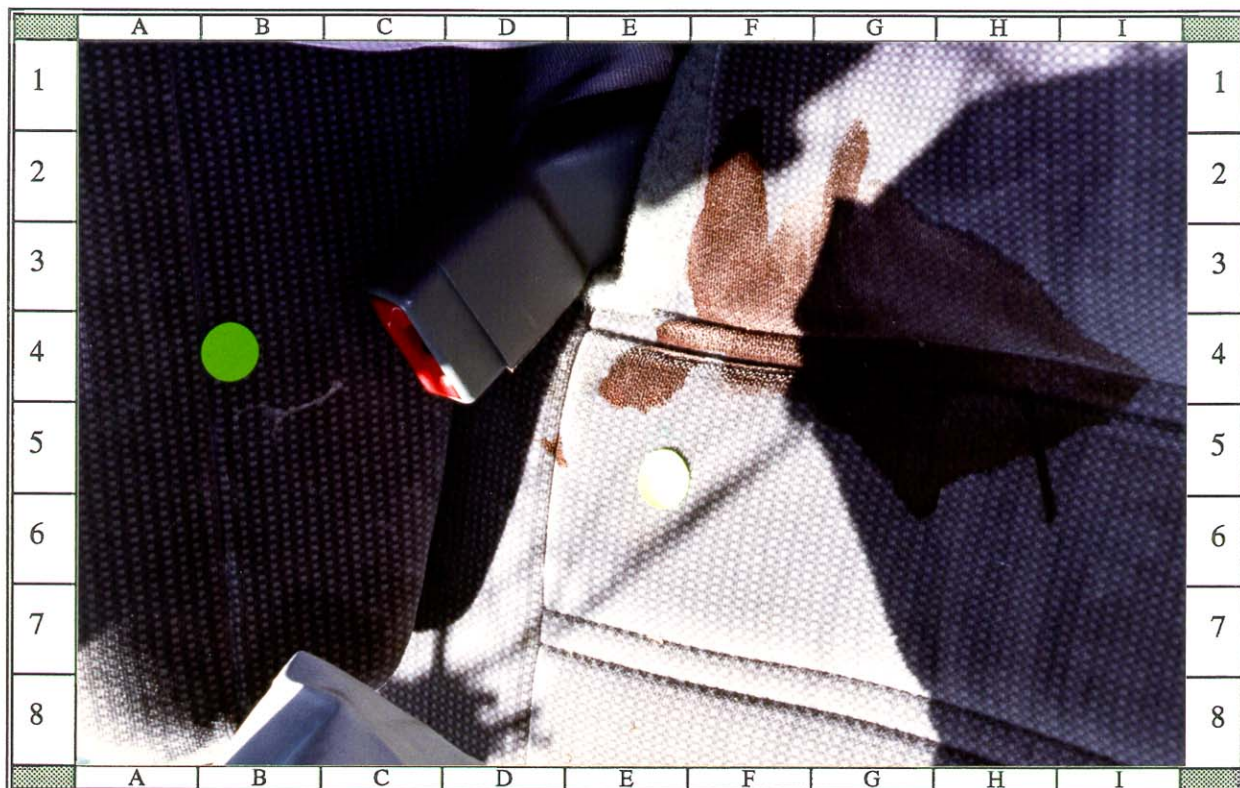
34: Close-up of Case Vehicle's noncontacted driver side knee bolster, steering column, and lower dash



35: On-scene view of Case Vehicle's front seating area showing deployed air bags;
NOTE: rear view mirror hanging down



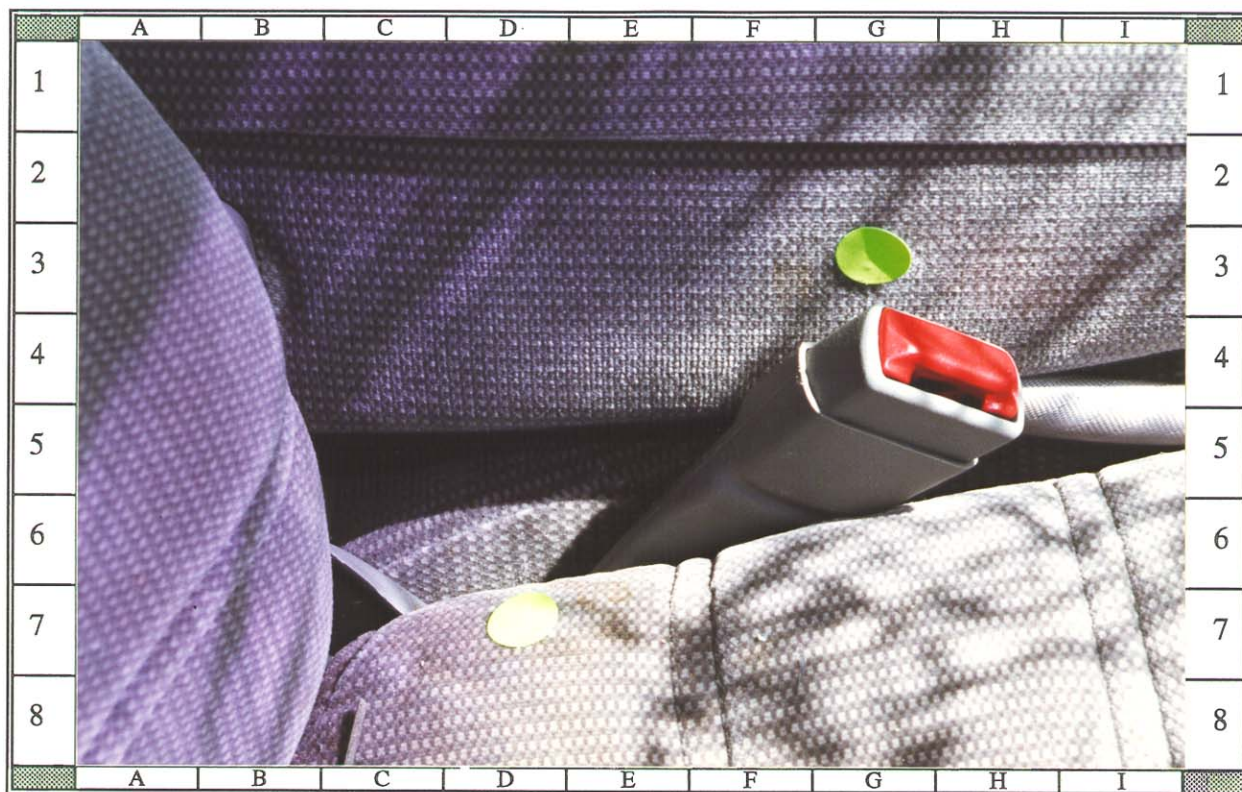
36: Case Vehicle's front seating area showing deployed air bags and damaged rear-view mirror; NOTE: contacts highlighted by yellow tape and green dots



37: Vertical close-up view of mucous on Case Vehicle's center armrest (on driver's side) and blood on driver's seat cushion from right front passenger



38: Case Vehicle's center armrest (passenger's side) and right front passenger's seat cushion showing possible blood smear on armrest and seat



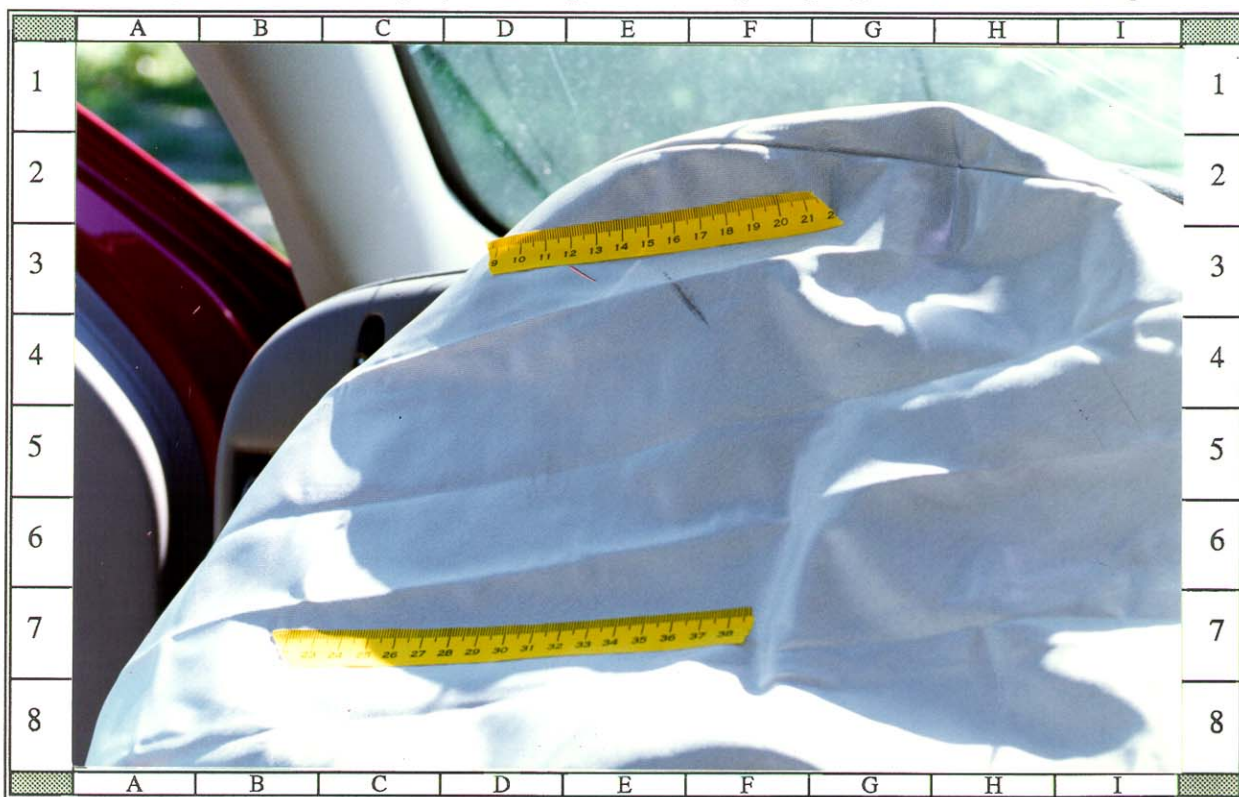
39: Close-up view of possible blood smear on Case Vehicle's center armrest and right front passenger's seat cushion



40: Case Vehicle's driver side adjustable shoulder belt anchorage showing anchorage at the full down position



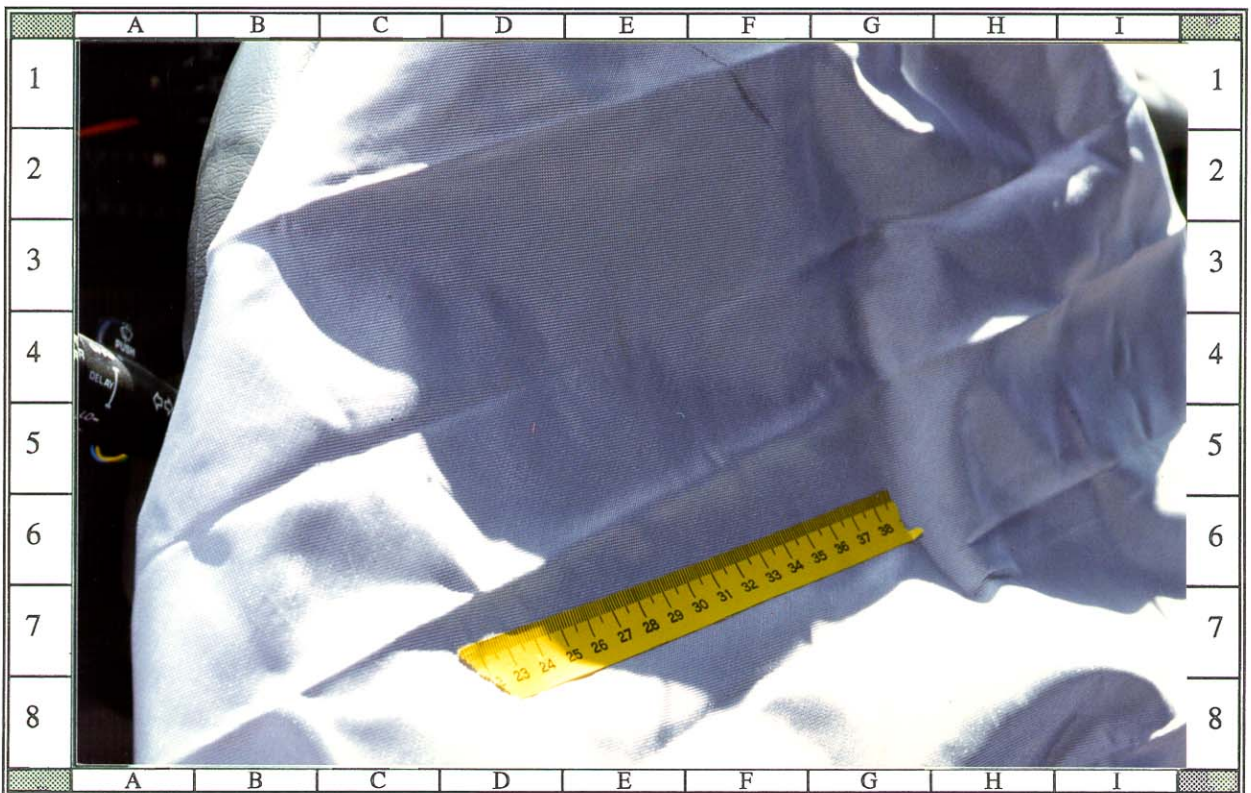
41: Vertical view of Case Vehicle's driver seating area from center rear showing greenhouse and deployed air bag; NOTE: tape highlights contact on air bag



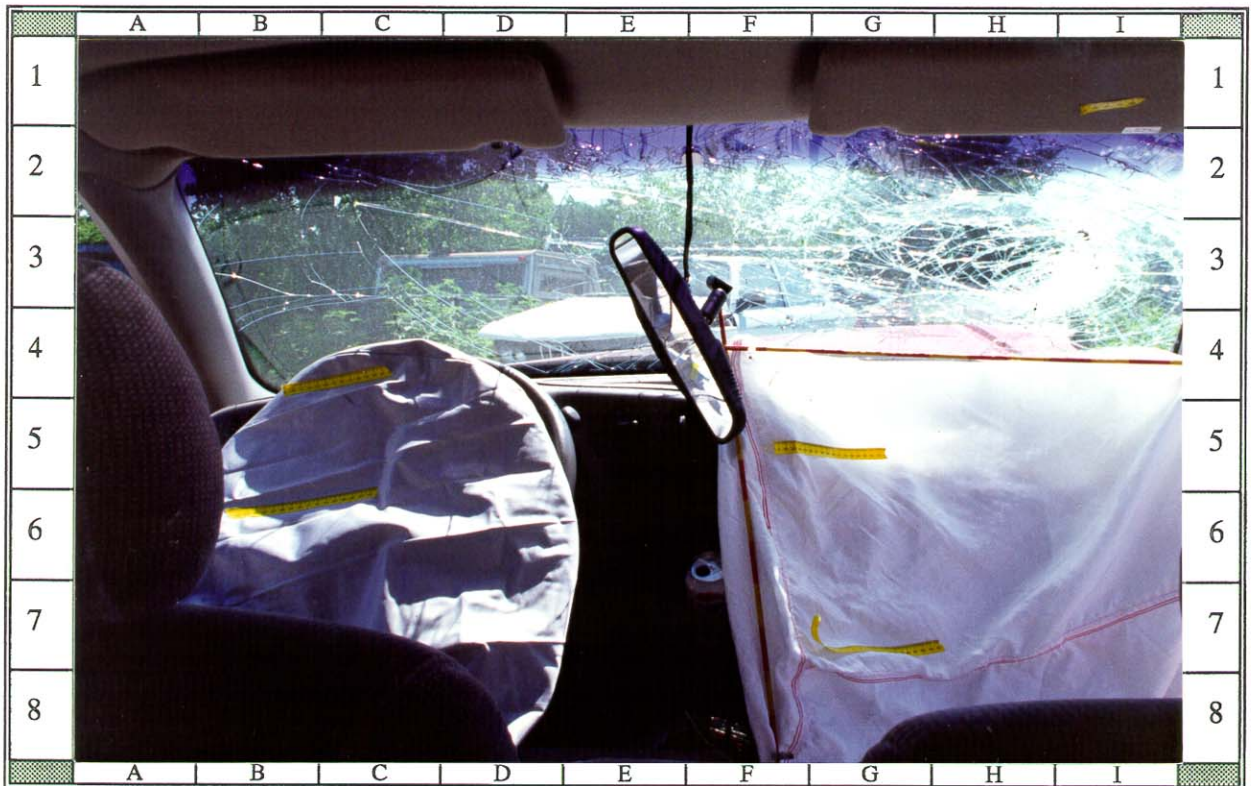
42: Close-up of Case Vehicle's deployed driver side air bag viewed from center showing contact area on air bag between yellow tape



43: Closer-up view of top portion of contact area on Case Vehicle's deployed driver air bag (i.e., below yellow tape); NOTE: steering wheel rim is bent at top



44: Closer-up view of center and bottom portions of contact area on Case Vehicle's deployed driver air bag showing skin and possible eye makeup marks



45: Case Vehicle's deployed air bags, windshield, rearview mirror, and headers viewed from center rear seat; NOTE: yellow tape highlights contact areas



46: Vertical view of Case Vehicle's right front seating area viewed from center rear showing deployed passenger air bag, windshield, and rearview mirror



47: Close-up of contact (i.e. skin and oil) area--between yellow tape, on Case Vehicle's right front passenger air bag (cells D2--E6)



48: Closer-up view of contacts (i.e., skin and oil transfer) to left upper portion of Case Vehicle's deployed right front passenger air bag (cells C7--E4)



49: Closer-up view of contacts (i.e., skin and oil transfer) to left center portion of Case Vehicle's deployed right front passenger air bag (cells C4--E2)



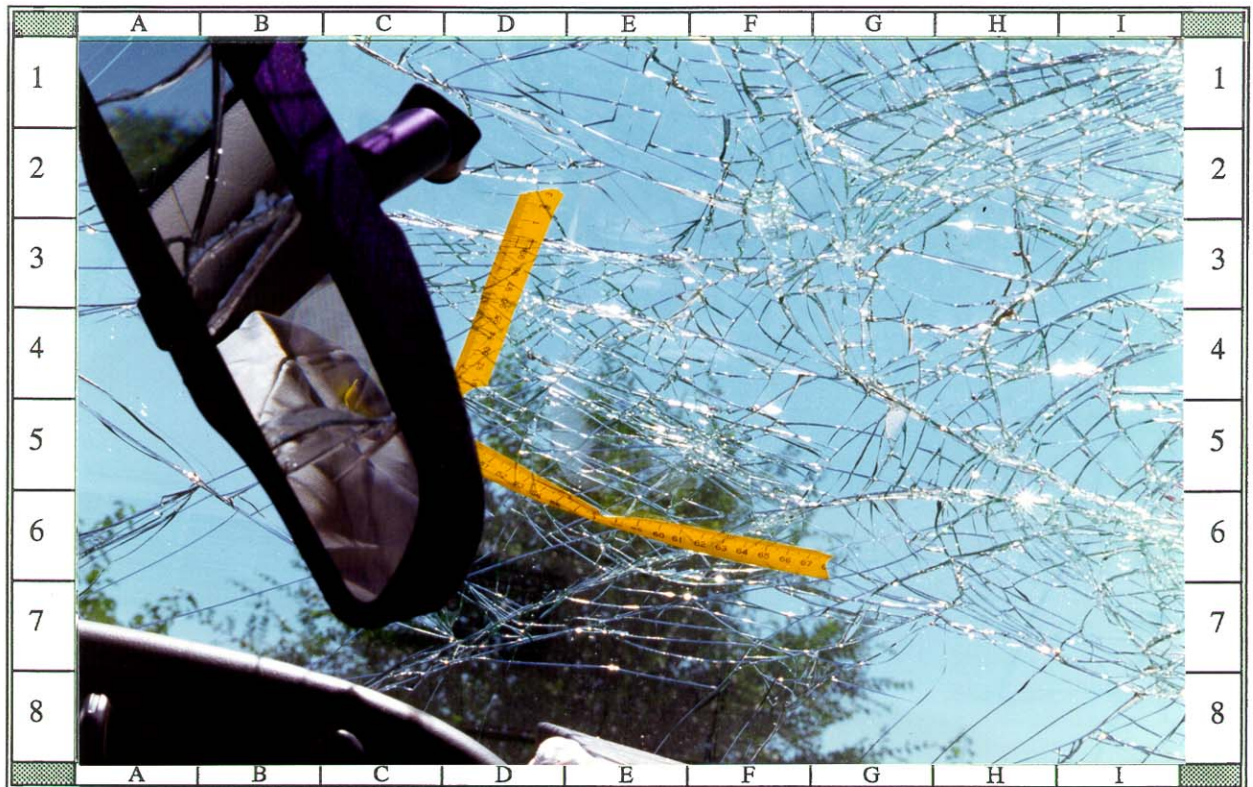
50: Underneath view of Case Vehicle's deployed right front passenger air bag showing no contact evidence; NOTE: tape on sunvisor



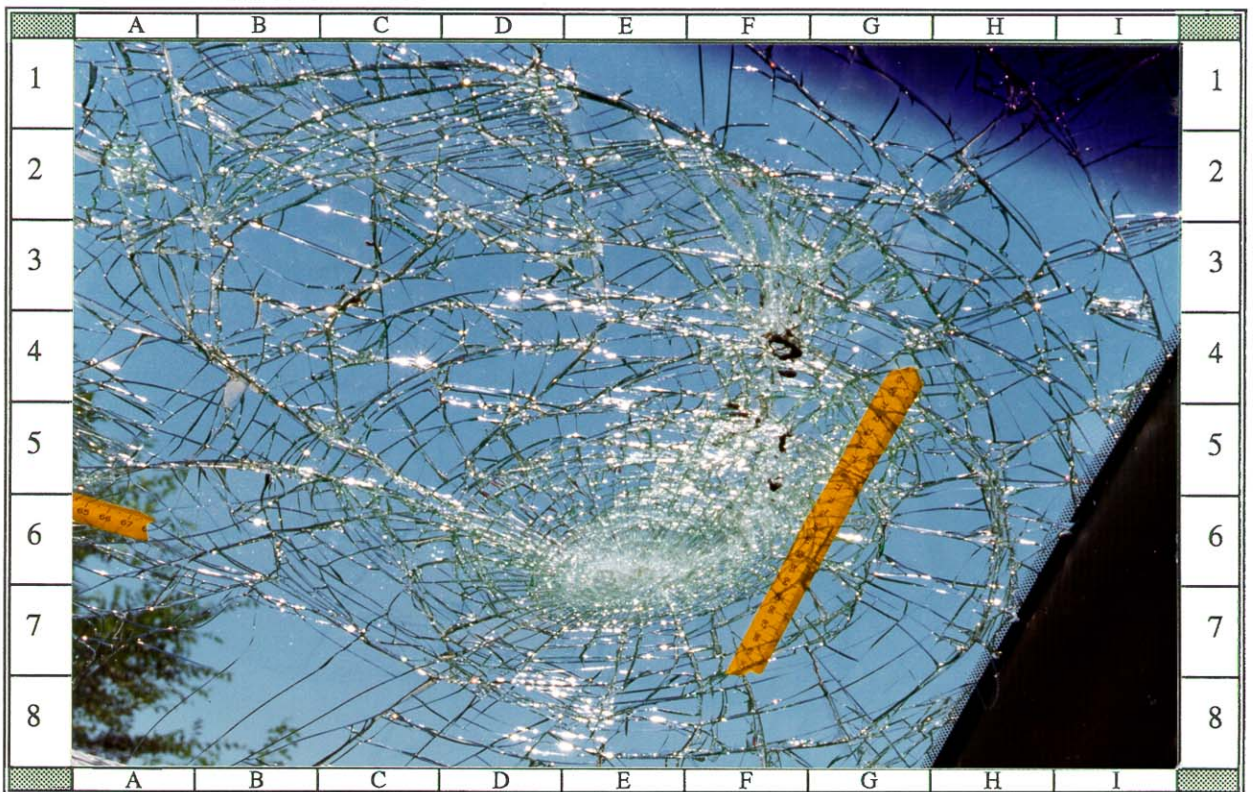
51: Close-up of Case Vehicle's right front passenger sunvisor showing possible head contact (above tape toward top of photograph)



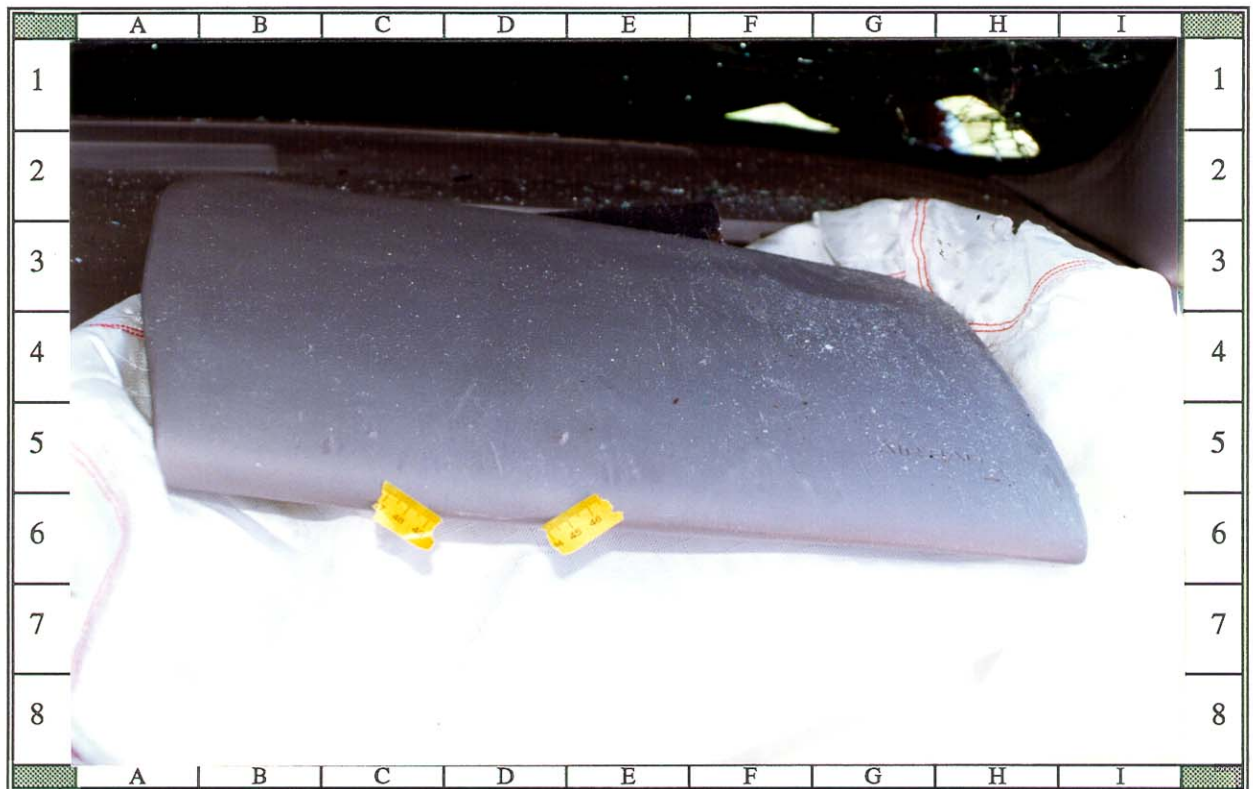
52: Case Vehicle's windshield damaged from right front air bag module's top cover flap (i.e., deployment door); NOTE: no contact evidence on rearview mirror



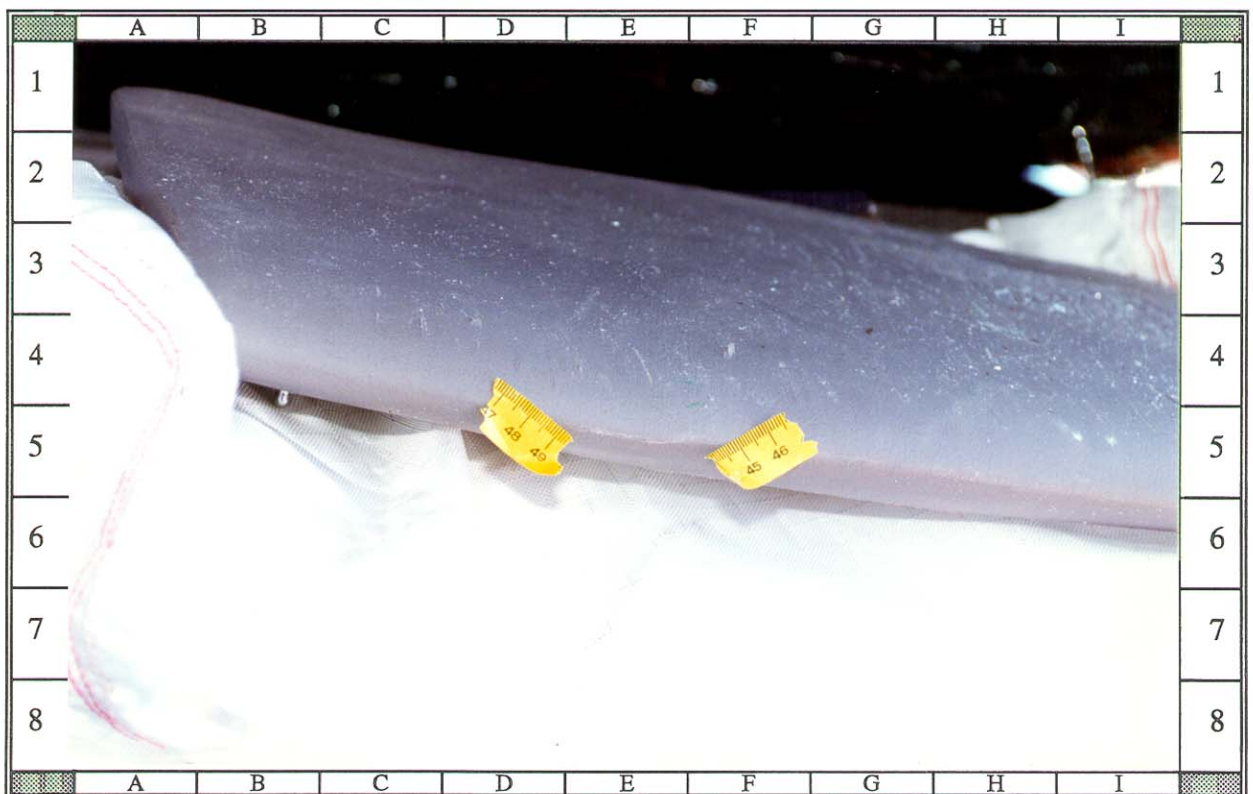
53: Close-up of Case Vehicle's windshield showing (yellow tape outlines) transfer from left lower corner of air bag module's top cover flap



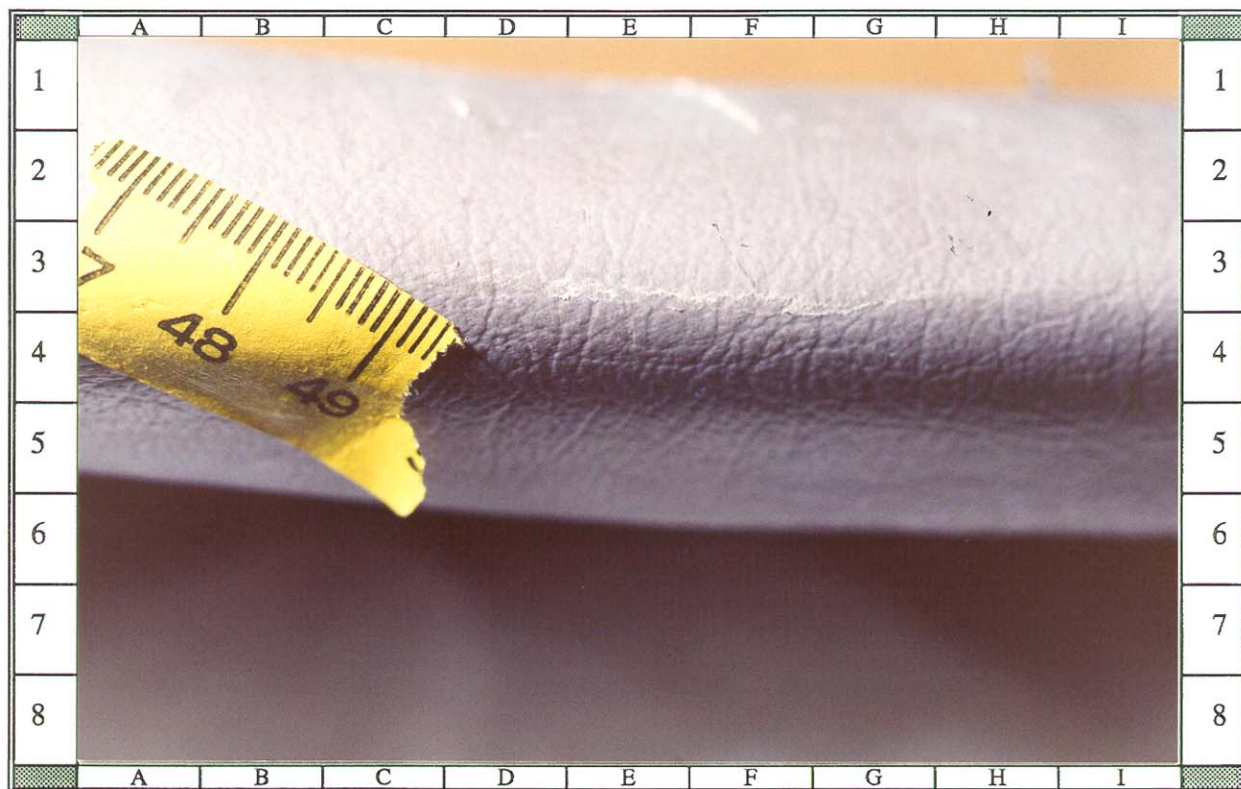
54: Close-up of Case Vehicle's windshield showing (yellow tape) transfer (embedded gray vinyl--cells F4--F5) from right side of air bag module's top cover flap



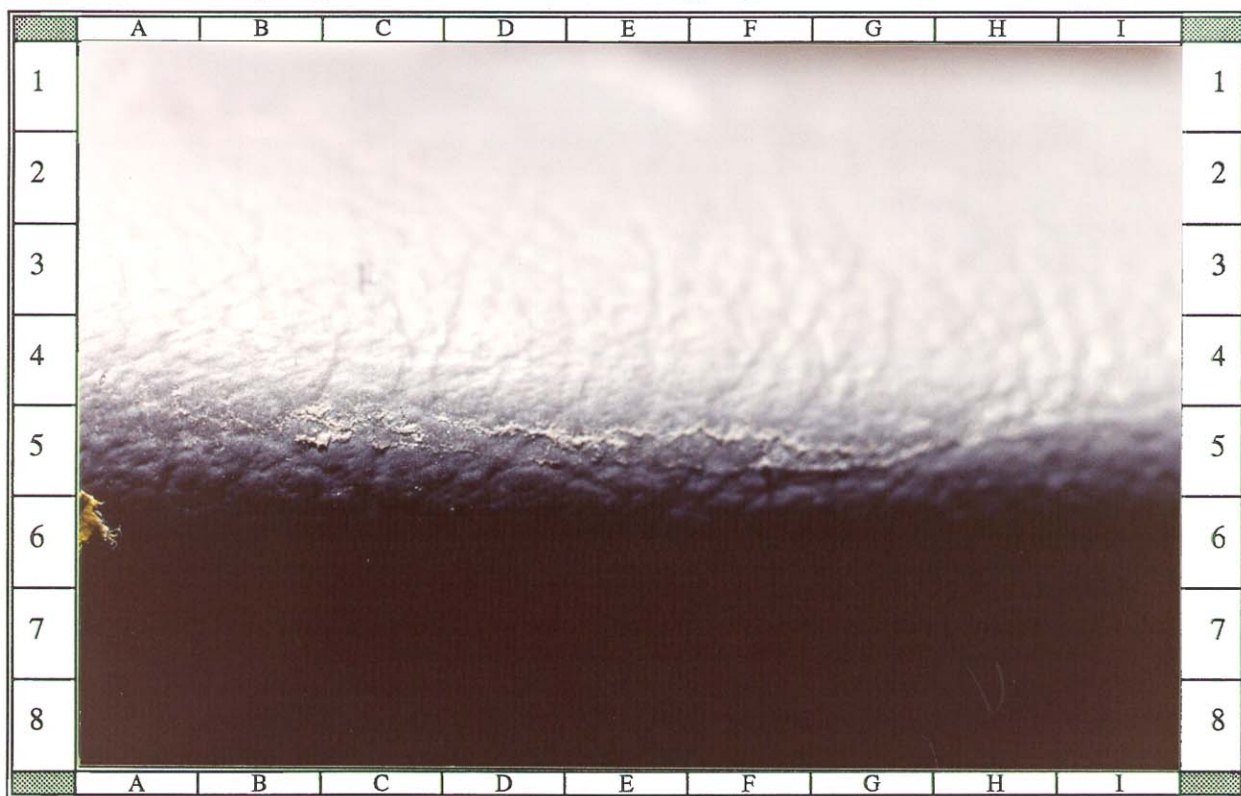
55: Case Vehicle's right front air bag module's top cover flap showing suspected occupant contact (tape) and scratches (cells C5--H6) from windshield



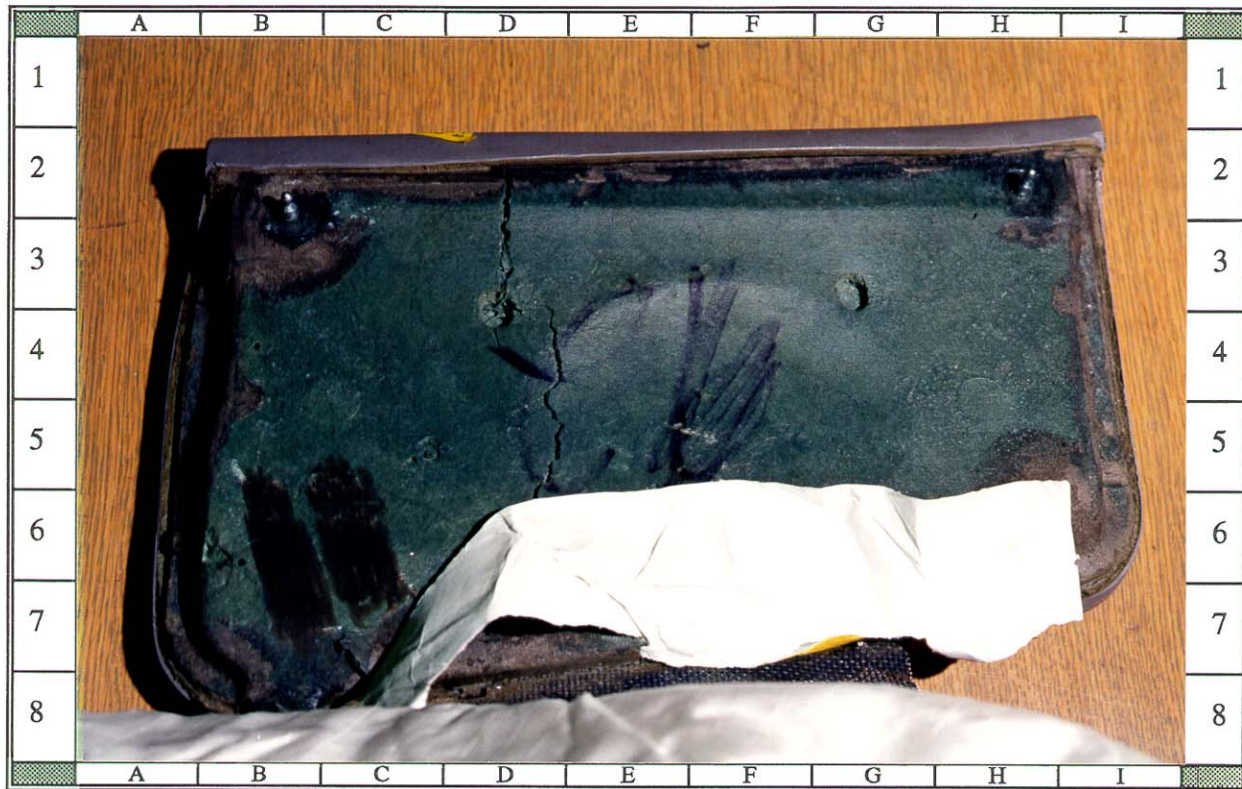
56: Close-up of scratches (cells C3--I5) and suspected skin transfer (tape) to leading edge of Case Vehicle's right front air bag module's top cover flap



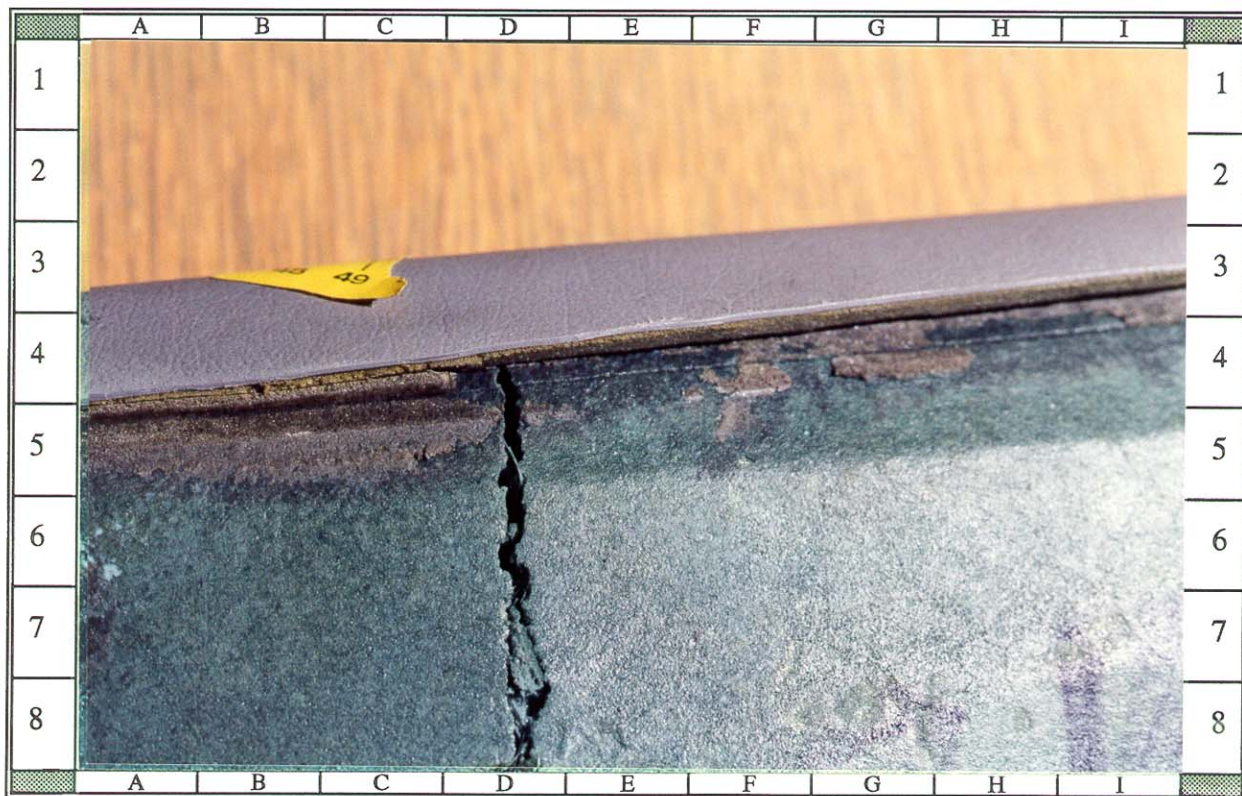
57: Closer-up view of Case Vehicle's right front air bag module's top cover flap showing suspected skin transfer to leading edge



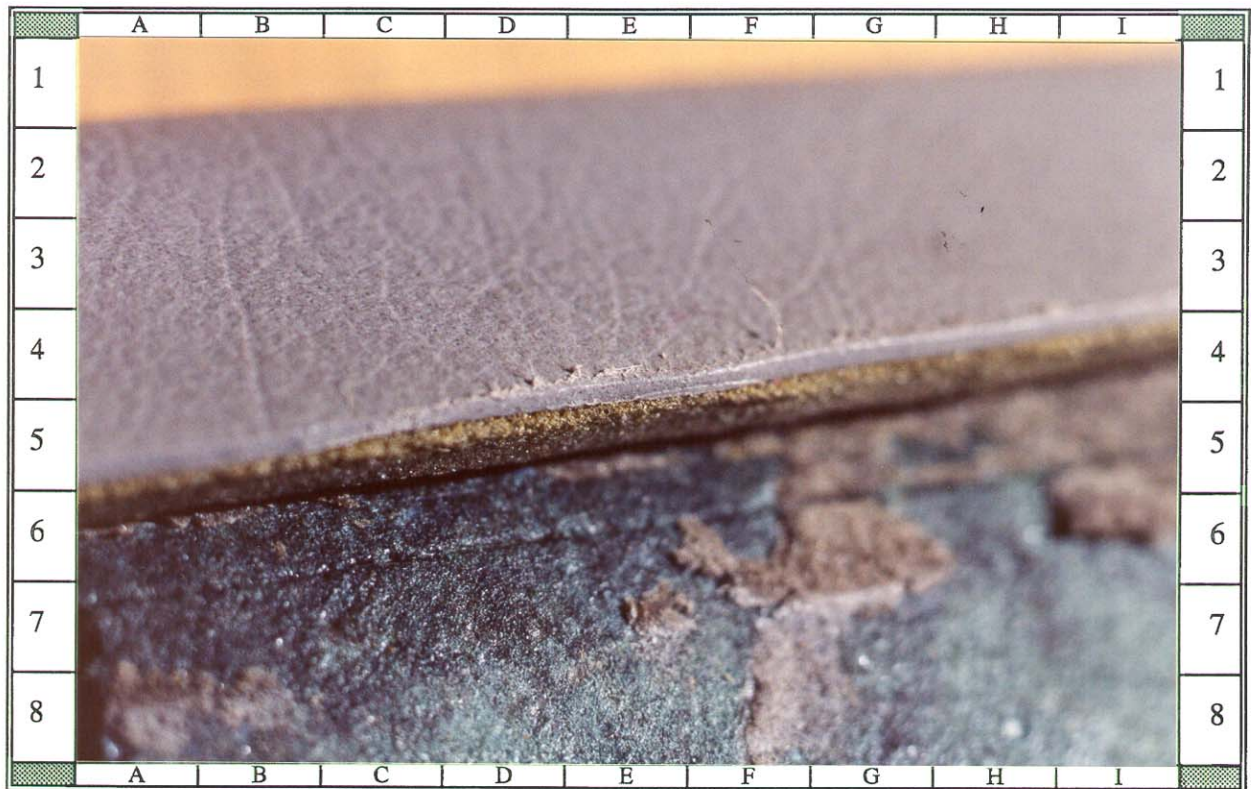
58: Closest-up view of Case Vehicle's right front air bag module's top cover flap showing suspected skin transfer to leading edge



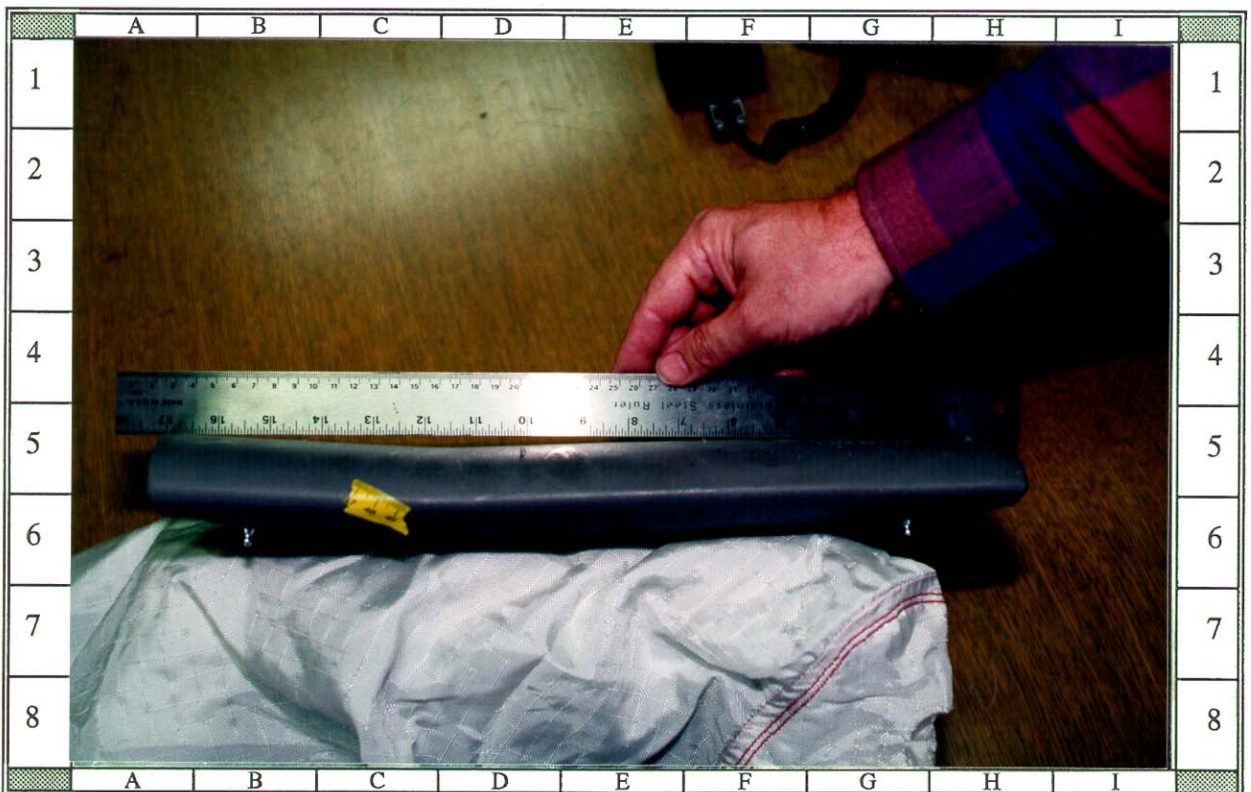
59: Underside of Case Vehicle’s right front air bag module’s top cover flap; NOTE: crack extends directly below and perpendicular to suspected occupant contact



60: Close-up of crack to underside of Case Vehicle’s right front air bag module’s top cover flap; NOTE: possible contact along lip edge right of crack

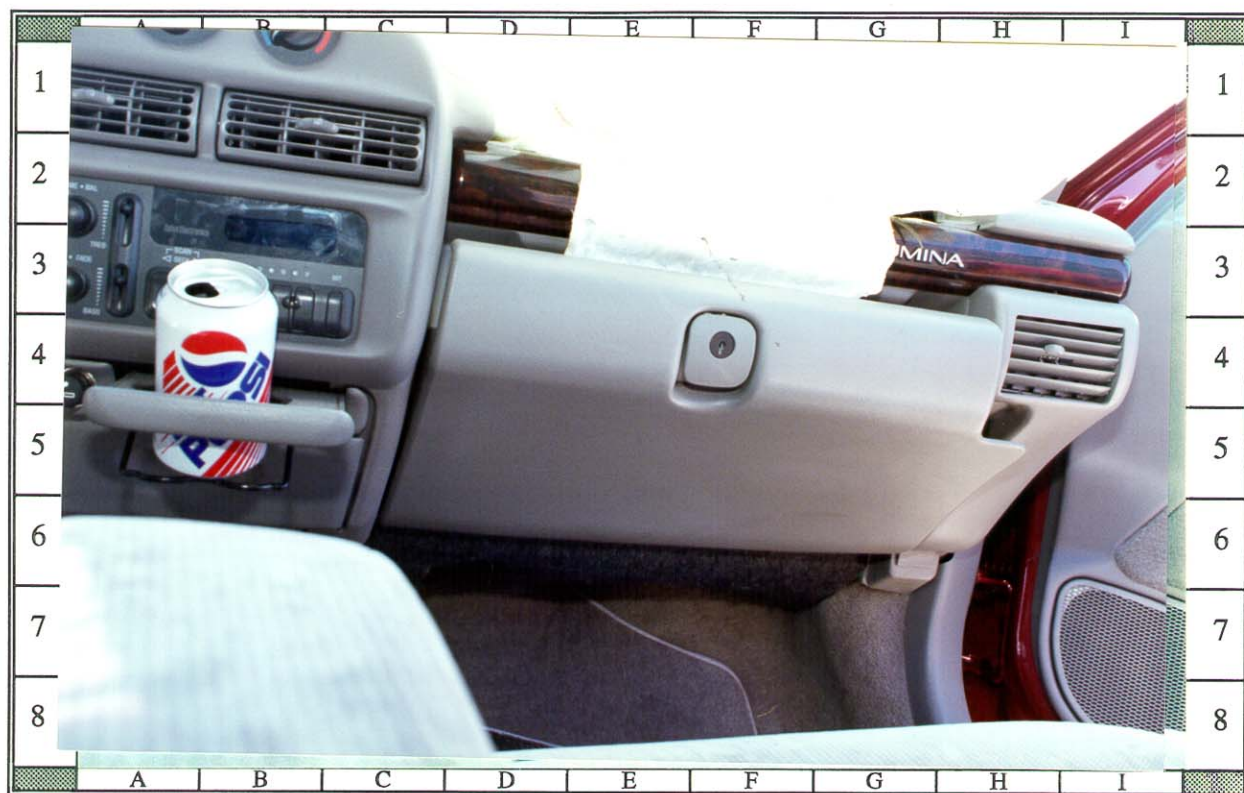


61: Closer-up view of possible right front occupant's contact along underside lip edge of Case Vehicle's right front air bag module's top flap cover flap

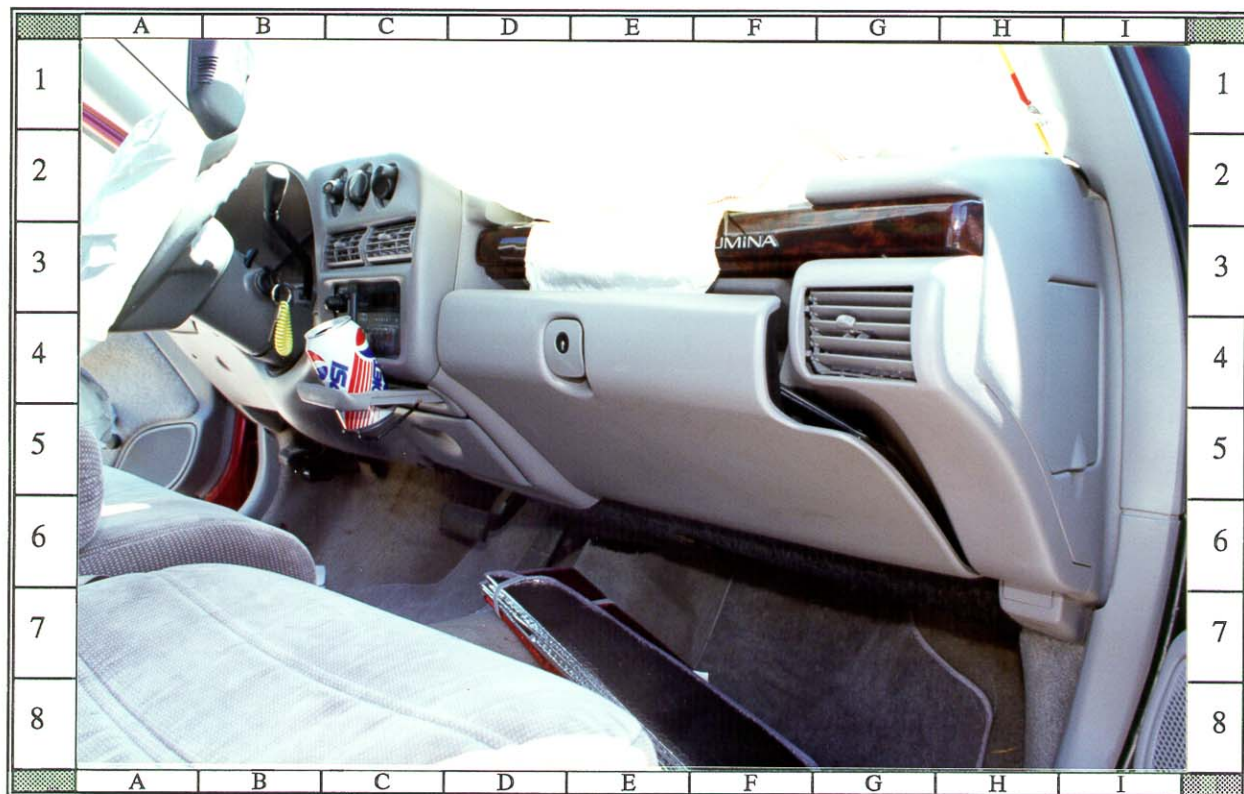


62: Case Vehicle's right front air bag module's top cover flap viewed from straight on showing bowing most likely from contacting right front passenger's lower face

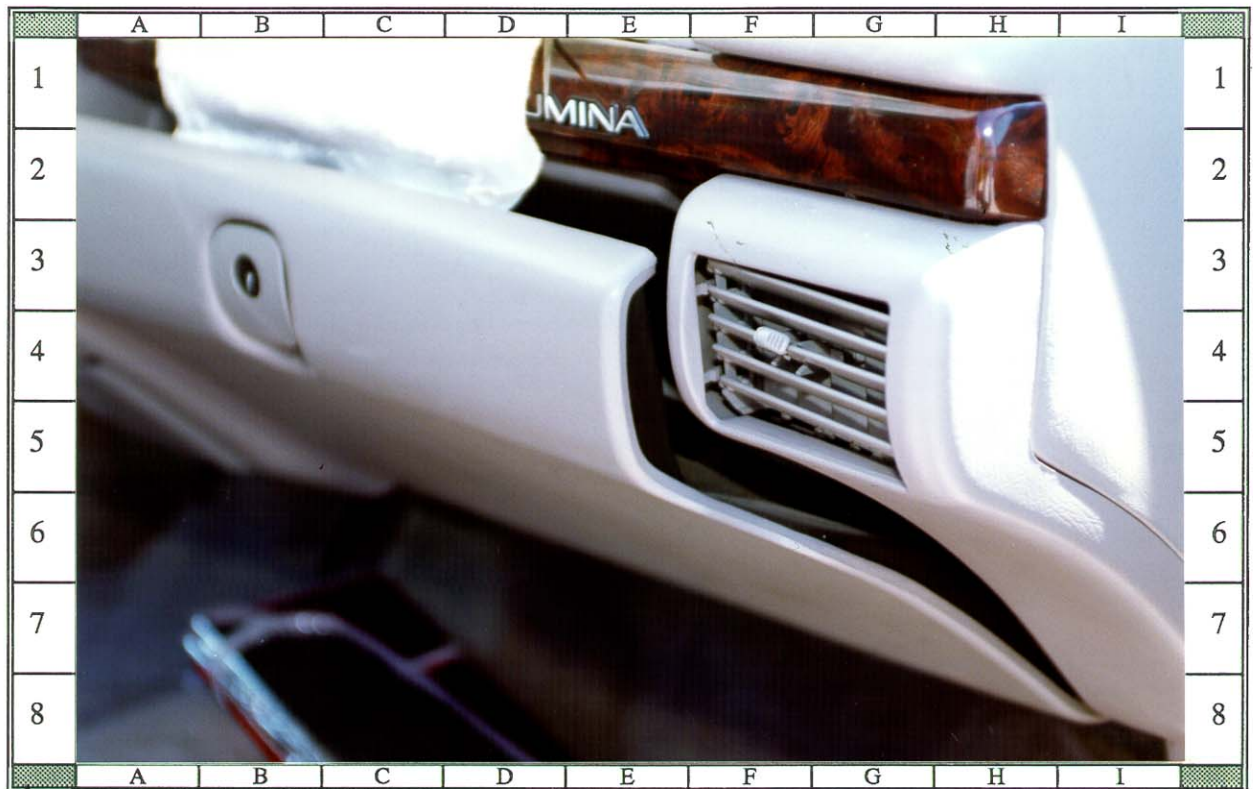
Case Vehicle: 1995 Chevrolet Lumina, 4-Door Sedan, FWD, 6-Passenger, 3.1 L (191 in³) V-6 MPFI



63: Case Vehicle's center and right dash showing partially opened glovebox door;
NOTE: can in center holder has been pushed inward



64: Case Vehicle's center and right dash showing glovebox ajar and inward can in
center holder; NOTE: right dash's air vent is also pushed inward (cells F3--G4)



65: Close-up of Case Vehicle's right dash air vent which has been pushed inward (cells F3--F4) most likely from contact with right front passenger



66: Case Vehicle's adjustable right front shoulder belt upper anchorage; NOTE: anchorage adjusted to lowest position

Case Vehicle: 1995 Chevrolet Lumina, 4-Door Sedan, FWD, 6-Passenger, 3.1 L (191 in³) V-6 MPFI



67: Interior surface of Case Vehicle’s right front door, seating area, and deployed air bag; NOTE: contact area on air bag



68: Interior surface of Case Vehicle’s right rear door and rear seating area viewed from outside door; NOTE: third occupant in right rear seating position



69: Interior surface of Case Vehicle's left rear door and rear seating area viewed from outside door; NOTE: adjustable front head restraints



70: Case Vehicle's rear seating area viewed from outside left rear door; NOTE: no contact evidence to right front seatback and three-point restraints in rear

Case Vehicle: 1995 Chevrolet Lumina, 4-Door Sedan, FWD, 6-Passenger, 3.1 L (191 in³) V-6 MPFI



71: Vehicle #2's damaged front right with contour gauge present; NOTE: yellow tape indicates end of direct damage

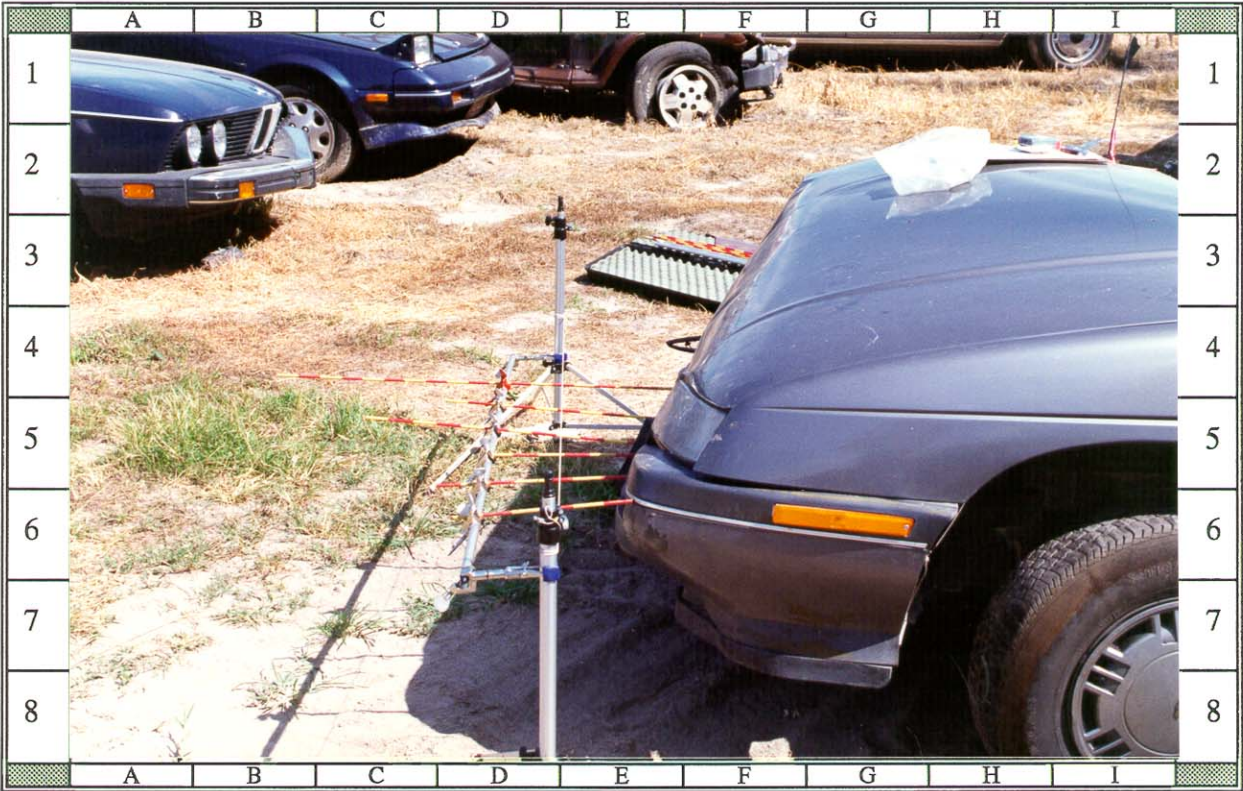


72: Close-up of direct damage to front right of Vehicle #2; NOTE: maximum crush occurs at front right bumper corner C₆

Vehicle #2: 1988 Chevrolet Corsica, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (121 in³) I-4 EFI



73: Vehicle #2's damaged front right viewed from approximately 45 degrees left of front; NOTE: induced damage to left front fender near door



74: Reference line view of Vehicle #2's frontal damage from left with contour gauge present showing depth of crush; NOTE: maximum crush is at C₆

Vehicle #2: 1988 Chevrolet Corsica, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (121 in³) I-4 EFI



75: Exterior close-up of spiderweb contact on windshield from vehicle #2's driver viewed from approximately 60 degrees front of left



76: Vehicle #2's undamaged back and left side (i.e., behind left front fender) viewed from approximately 30 degrees left of back

Vehicle #2: 1988 Chevrolet Corsica, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (121 in³) I-4 EFI



77: Vehicle #2's undamaged back and right side (i.e. behind right front fender) viewed from approximately 30 degrees right of back



78: Reference line view of Vehicle #2's frontal damage from right; NOTE: right front tire is restricted by sheet metal crush

Vehicle #2: 1988 Chevrolet Corsica, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (121 in³) I-4 EFI



79: Vehicle #2's damaged front right viewed from approximately 45 degrees right of front with contour gauge present



80: Close-up of Vehicle #2's damaged front right viewed from approximately 45 degrees right of front; NOTE: yellow tape indicates end of direct damage

Vehicle #2: 1988 Chevrolet Corsica, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (121 in³) I-4 EFI

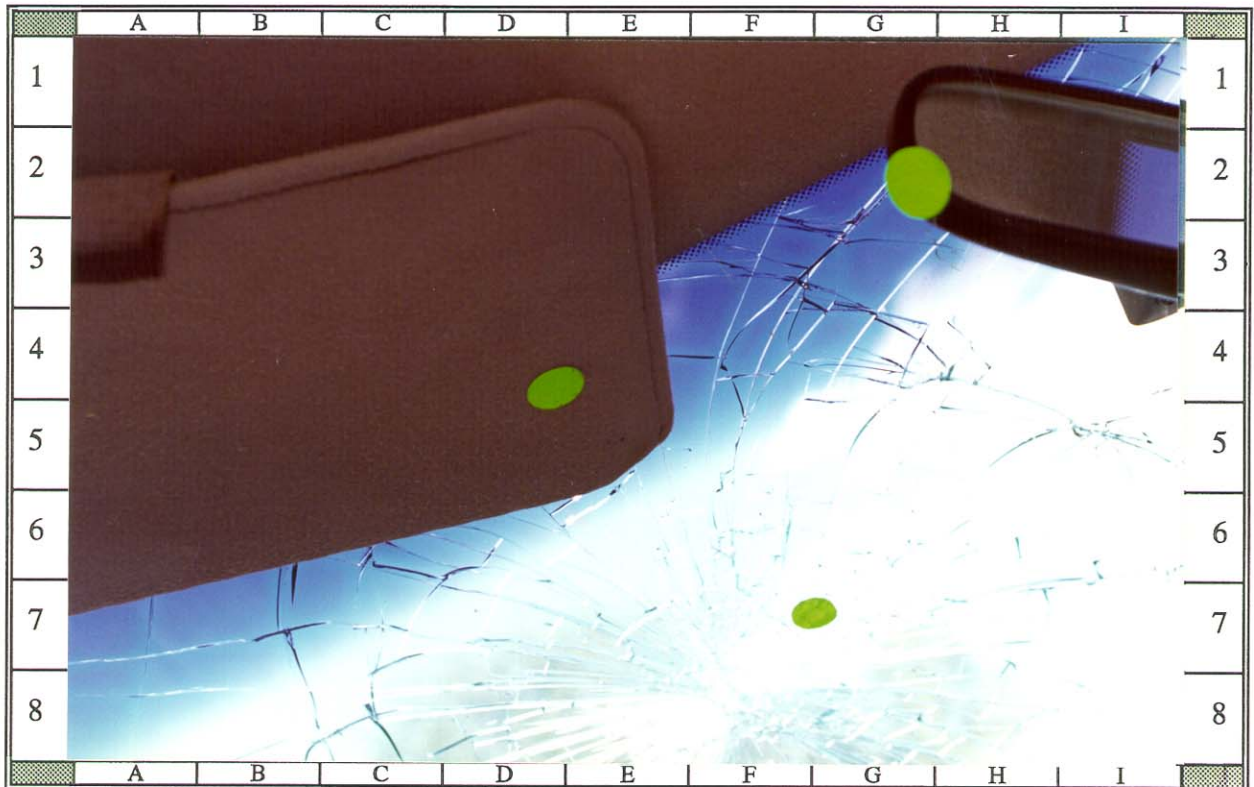


81: Vehicle #2's driver seating area, dash, steering column, and greenhouse; NOTE: contacts to windshield, sunvisor, mirror and left lower dash

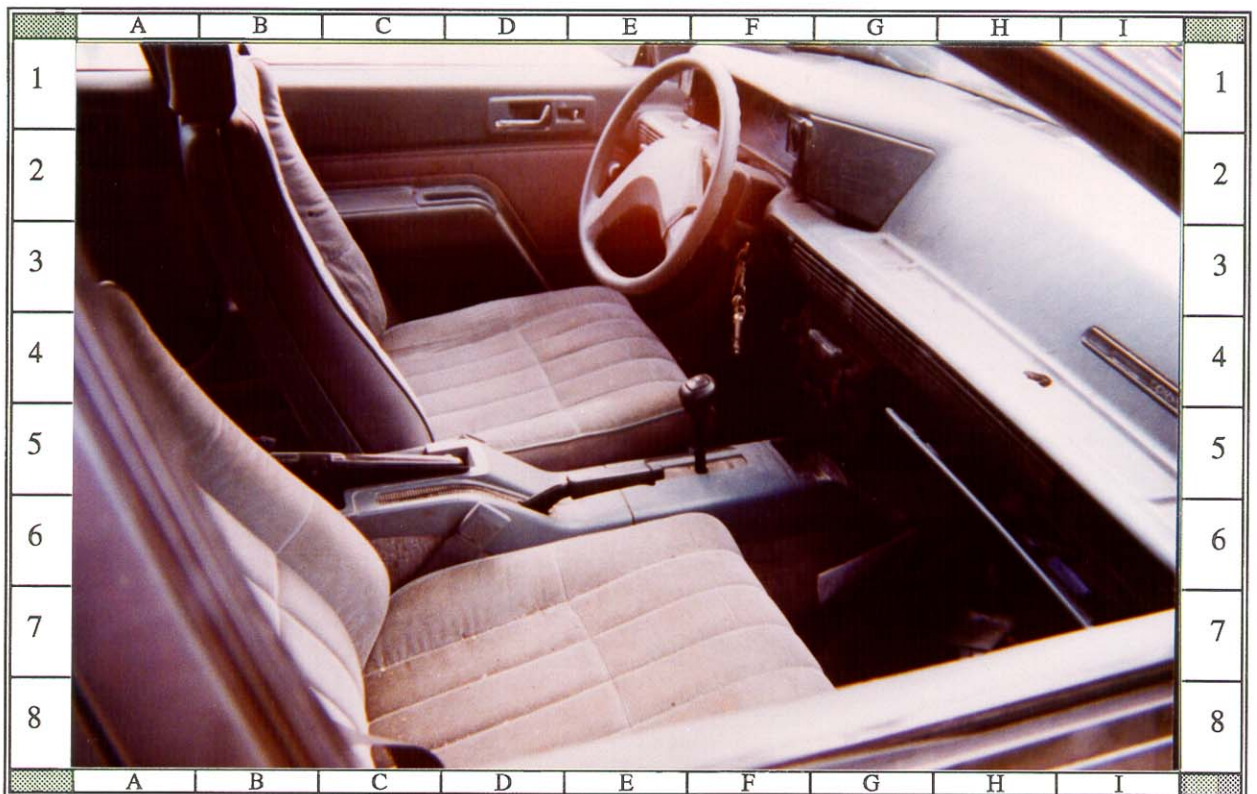


82: Vehicle #2's driver seating area viewed from center rear showing contacts to windshield, sunvisor, and mirror; NOTE: speedometer indicates 60 m.p.h.

Vehicle #2: 1988 Chevrolet Corsica, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (121 in³) I-4 EFI



83: Close-up of contact evidence on Vehicle #2's windshield, sunvisor, and mirror from driver's head



84: On-scene view of Vehicle #2's front seating area showing driver's seat in or close to full forward position; NOTE: steering wheel appears undamaged

Vehicle #2: 1988 Chevrolet Corsica, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (121 in³) I-4 EFI



85: Vehicle #2's front seating area viewed from outside right front passenger's door showing glovebox door which was opened post-impact; NOTE: driver's sunvisor



86: Vehicle #2's rear seating showing area showing front adjustable head restraints and three-point belts in front and rear outboard seating positions

Vehicle #2: 1988 Chevrolet Corsica, 4-Door Sedan, FWD, 5-Passenger, 2.0 L (121 in³) I-4 EFI

Appendix D:

SELECTED PHOTOGRAPHS: CASE VEHICLE'S SAFETY BELTS

A total of forty additional color copies of photographs are presented and referenced as Photograph #87 through Photograph #126. All of these photographs were taken by the [REDACTED] [REDACTED].



87: Case Vehicle's driver side safety belt (i.e., 1 of 7) showing side toward a restrained driver and left floor anchorage attachment



88: Case Vehicle's driver side safety belt (i.e., 2 of 7) showing side toward a restrained driver; NOTE: no evidence of loading

Case Vehicle: 1995 Chevrolet Lumina, 4-Door Sedan, FWD, 6-Passenger, 3.1 L (191 in³) V-6 MPFI



89: Case Vehicle's driver side safety belt (i.e., 3 of 7) showing side toward a restrained driver; NOTE: no evidence of loading



90: Case Vehicle's driver side safety belt (i.e., 4 of 7) showing side toward a restrained driver; NOTE: no evidence of loading



91: Case Vehicle's driver side safety belt (i.e., 5 of 7) showing side toward a restrained driver; NOTE: no evidence of loading



92: Case Vehicle's driver side safety belt (i.e., 6 of 7) showing side toward a restrained driver; NOTE: no evidence of loading

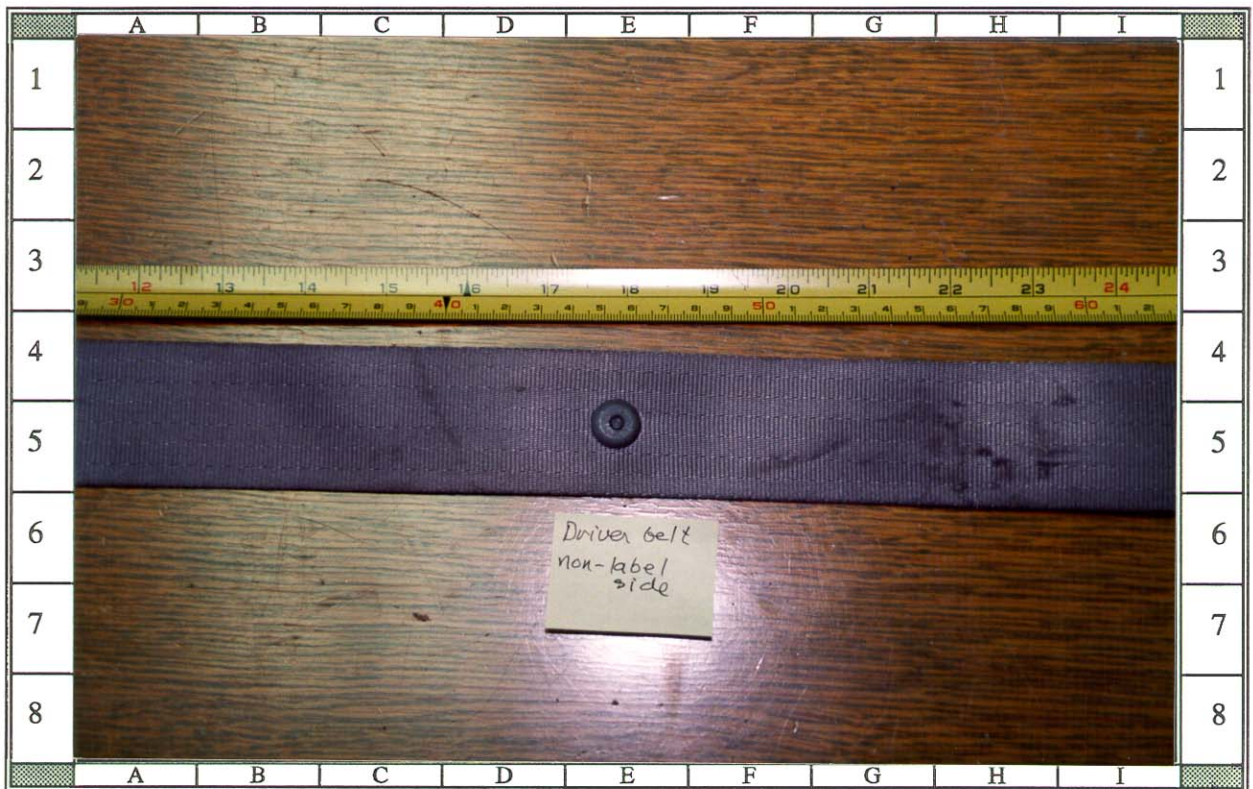
Case Vehicle: 1995 Chevrolet Lumina, 4-Door Sedan, FWD, 6-Passenger, 3.1 L (191 in³) V-6 MPFI



93: Case Vehicle's driver side safety belt (i.e., 7 of 7) showing side toward a restrained driver; NOTE: no evidence of loading



94: Case Vehicle's driver side safety belt (i.e., 1 of 7) showing side away from a restrained driver and left floor anchorage attachment



95: Case Vehicle's driver side safety belt (i.e., 2 of 7) showing side away from a restrained driver; NOTE: grease smears but no evidence of loading



96: Case Vehicle's driver side safety belt (i.e., 3 of 7) showing side away from a restrained driver; NOTE: grease smears but no evidence of loading



97: Case Vehicle's driver side safety belt (i.e., 4 of 7) showing side away from a restrained driver; NOTE: no evidence of loading



98: Case Vehicle's driver side safety belt (i.e., 5 of 7) showing side away from a restrained driver; NOTE: no evidence of loading



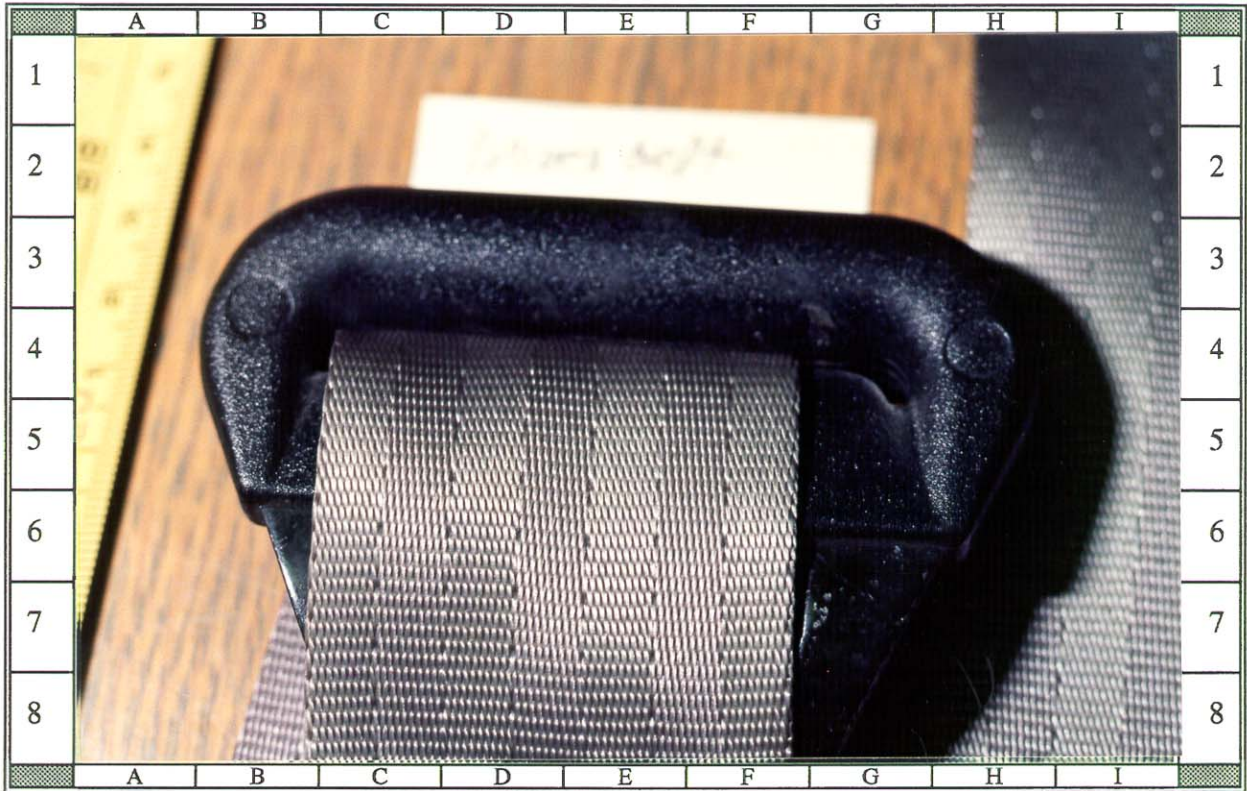
99: Case Vehicle's driver side safety belt (i.e., 6 of 7) showing side away from a restrained driver; NOTE: no evidence of loading



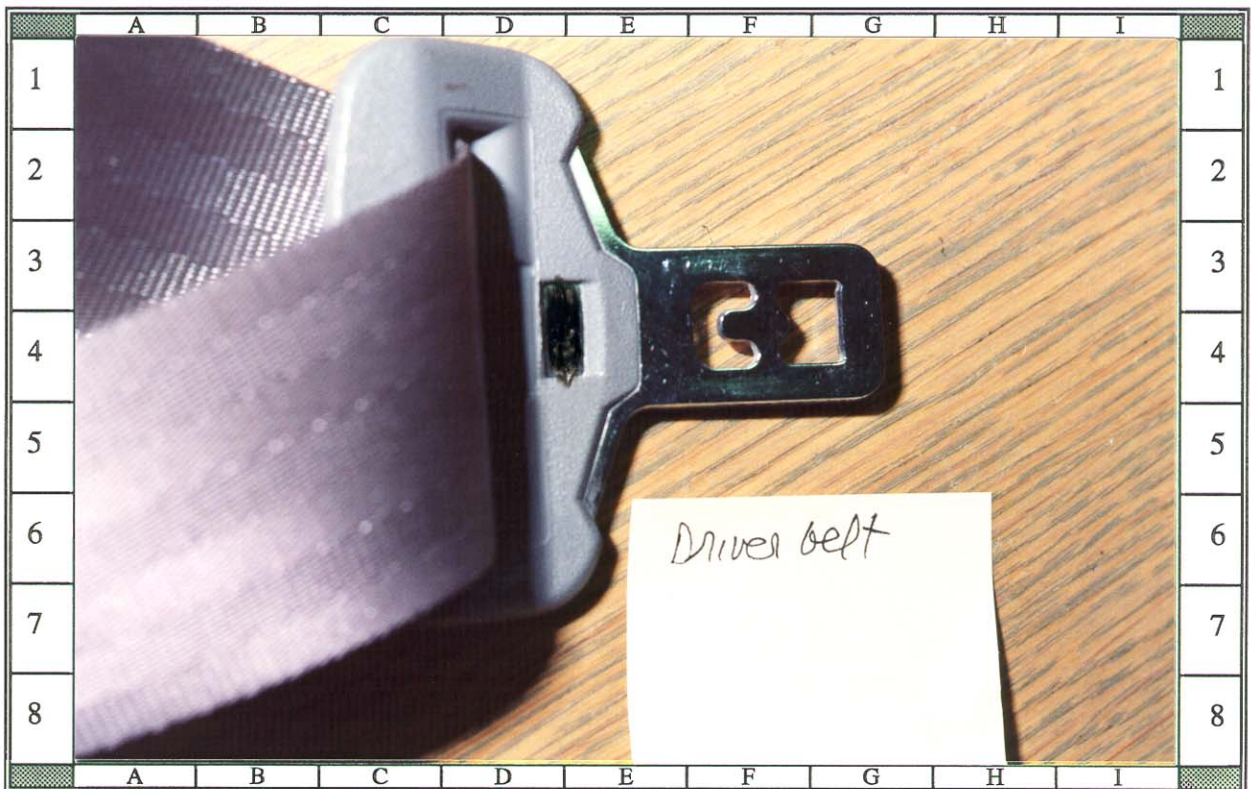
#100: Case Vehicle's driver side safety belt (i.e., 7 of 7) showing side away from a restrained driver; NOTE: no evidence of loading



#101: Case Vehicle's driver side safety belt showing medial side of "D" ring and safety belt passing through "D" right; NOTE: no evidence of loading



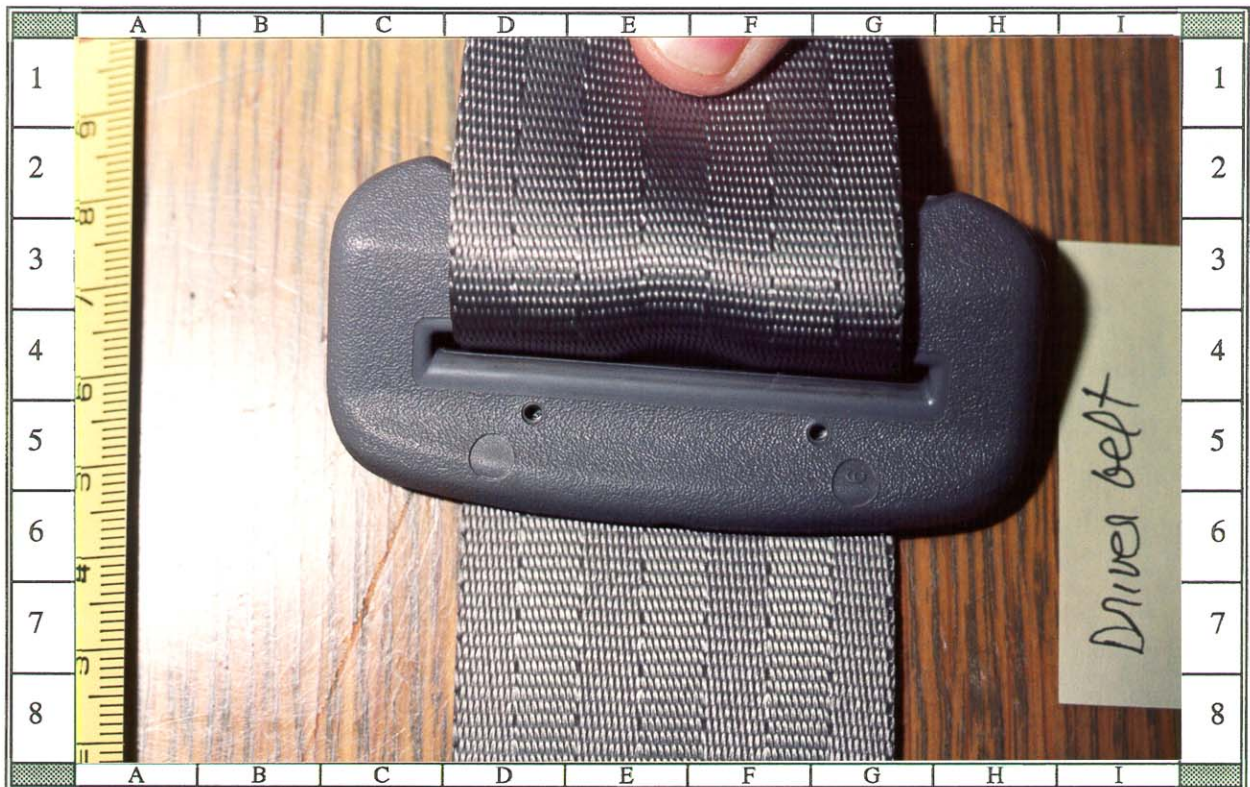
#102: Case Vehicle's driver side safety belt showing lateral side of "D" ring and safety belt passing through "D" right; NOTE: no evidence of loading



#103: Latch plate from Case Vehicle's driver side safety belt showing normal evidence of usage but no evidence of loading



#104: Latch plate adjuster from Case Vehicle's driver side safety belt showing adjuster's side that would be toward a restrained driver; NOTE: no evidence of loading



#105: Latch plate adjuster from Case Vehicle's driver side safety belt showing adjuster's side that would be away a restrained driver; NOTE: no evidence of loading



#106: Case Vehicle's right front safety belt (i.e., 1 of 7) showing side toward a restrained passenger and right floor anchorage attachment



#107: Case Vehicle's right front safety belt (i.e., 2 of 7) showing side toward a restrained passenger; NOTE: no evidence of loading



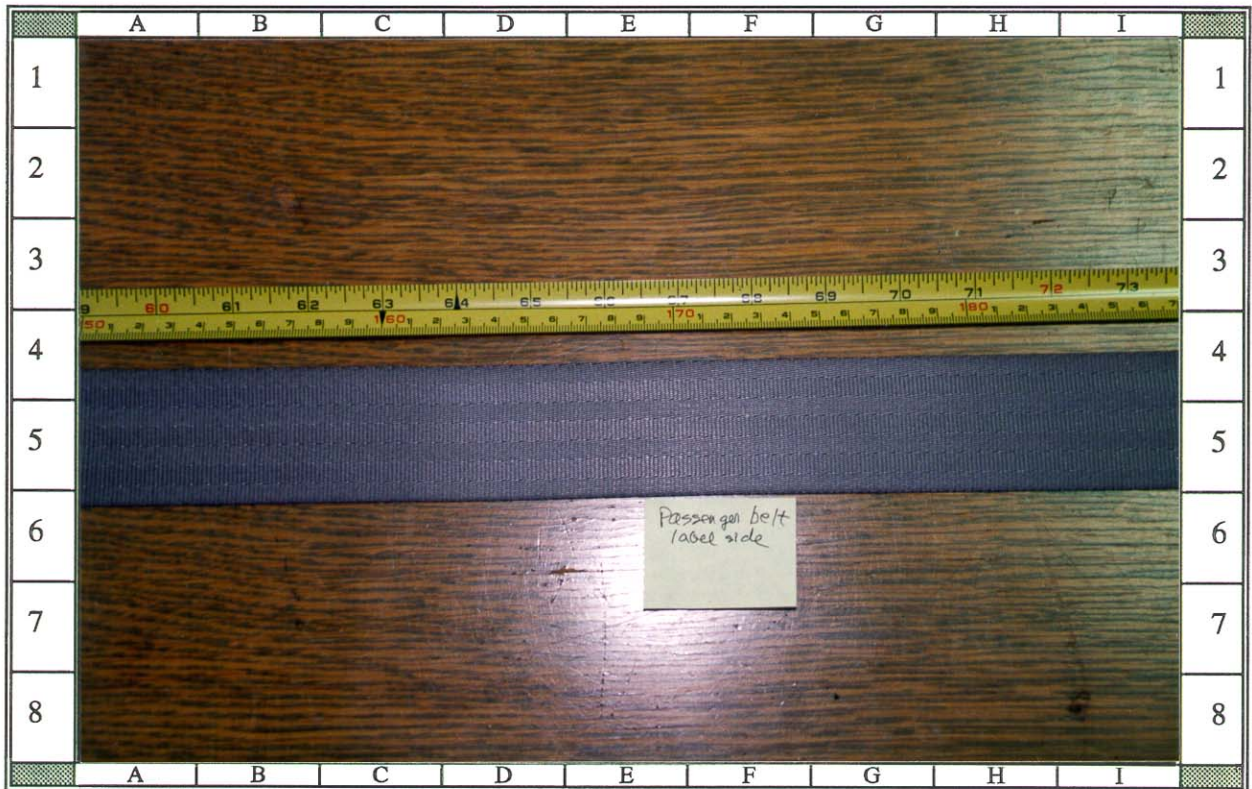
#108: Case Vehicle's right front safety belt (i.e., 3 of 7) showing side toward a restrained passenger; NOTE: no evidence of loading



#109: Case Vehicle's right front safety belt (i.e., 4 of 7) showing side toward a restrained passenger; NOTE: no evidence of loading



#110: Case Vehicle's right front safety belt (i.e., 5 of 7) showing side toward a restrained passenger; NOTE: possible greasy prints but no evidence of loading



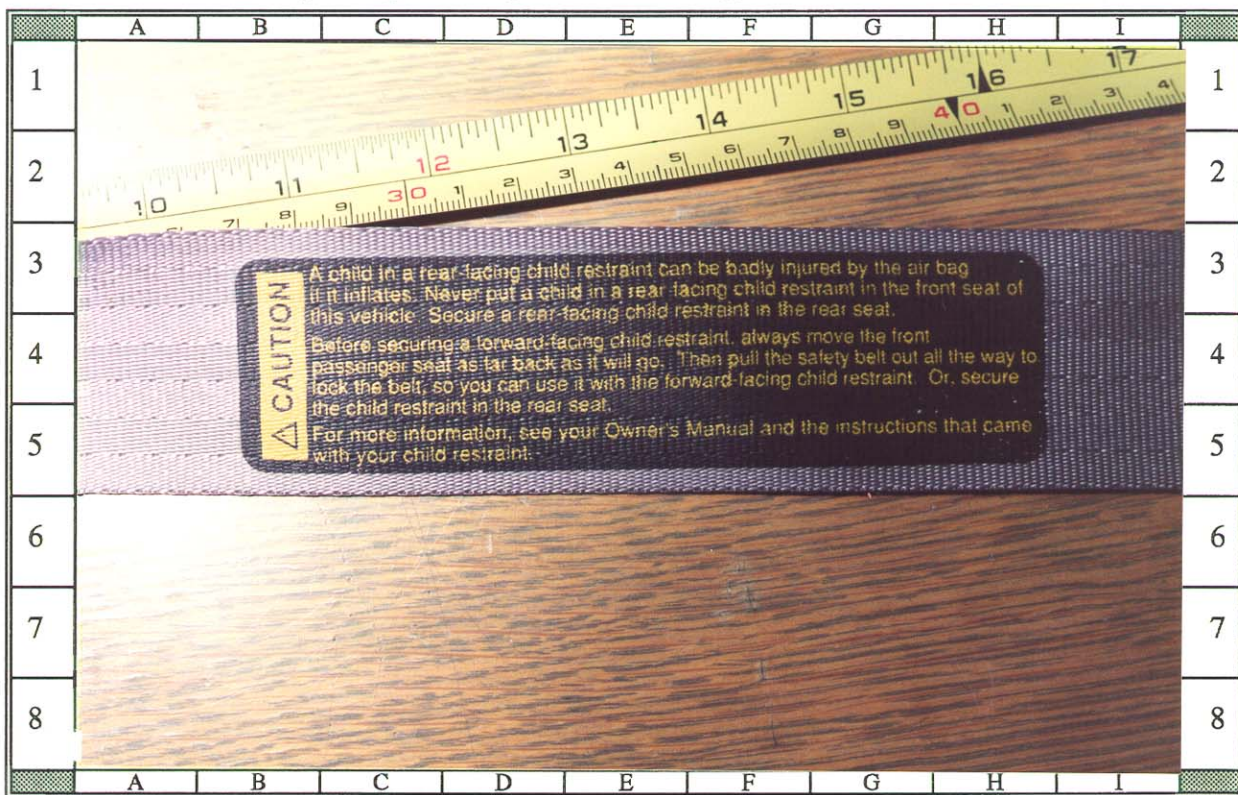
#111: Case Vehicle's right front safety belt (i.e., 6 of 7) showing side toward a restrained passenger; NOTE: no evidence of loading



#112: Case Vehicle's right front safety belt (i.e., 7 of 7) showing side toward a restrained passenger; NOTE: no evidence of loading



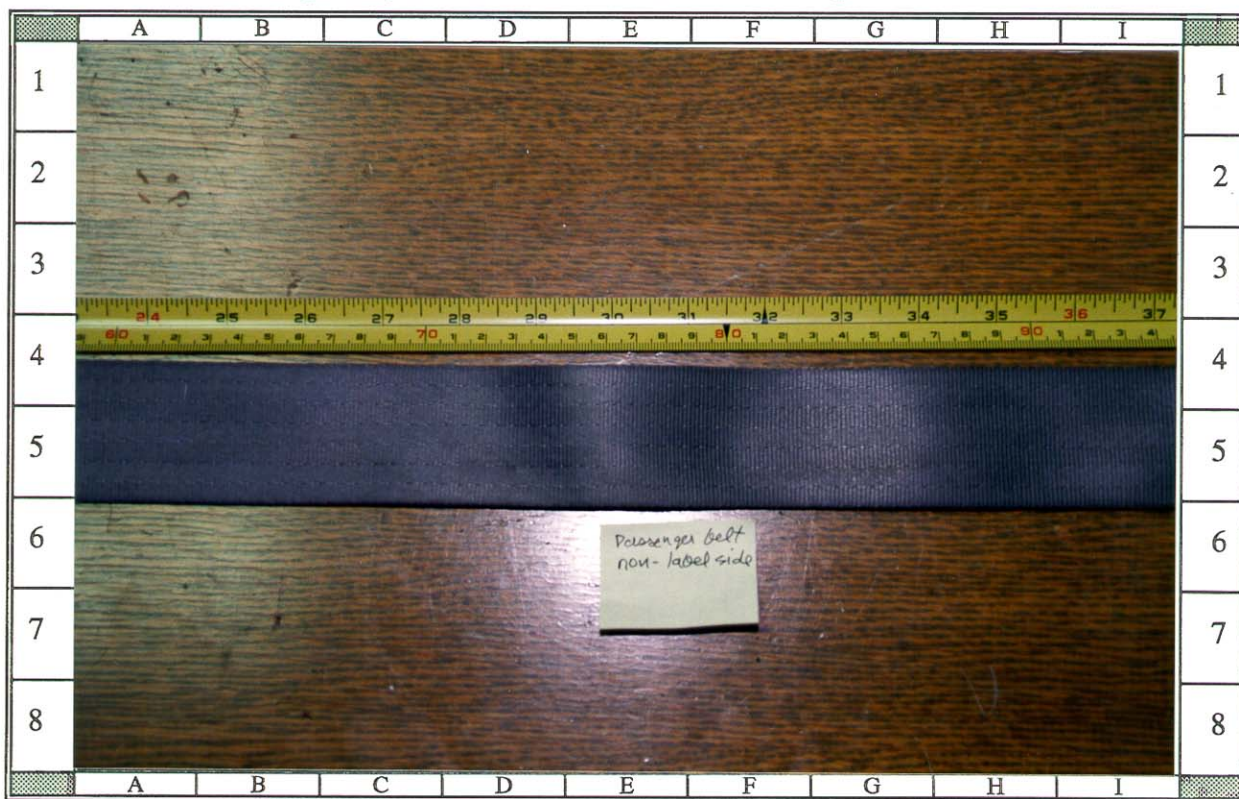
#113: Case Vehicle's right front safety belt (i.e., 1 of 7) showing side away from a restrained passenger and right floor anchorage attachment



#114: Close-up of imprinted CAUTION sticker on Case Vehicle's right front safety belt overlapping 1st and 2nd 7ths of belt that would be toward a restrained passenger



#115: Case Vehicle's right front safety belt (i.e., 2 of 7) showing side away from a restrained passenger; NOTE: no evidence of loading



#116: Case Vehicle's right front safety belt (i.e., 3 of 7) showing side away from a restrained passenger; NOTE: no evidence of loading



#117: Case Vehicle's right front safety belt (i.e., 4 of 7) showing side away from a restrained passenger; NOTE: grease smears but no evidence of loading



#118: Case Vehicle's right front safety belt (i.e., 5 of 7) showing side away from a restrained passenger; NOTE: no evidence of loading



#119: Case Vehicle's right front safety belt (i.e., 6 of 7) showing side away from a restrained passenger; NOTE: no evidence of loading



#120: Case Vehicle's right front safety belt (i.e., 7 of 7) showing side away from a restrained passenger; NOTE: no evidence of loading



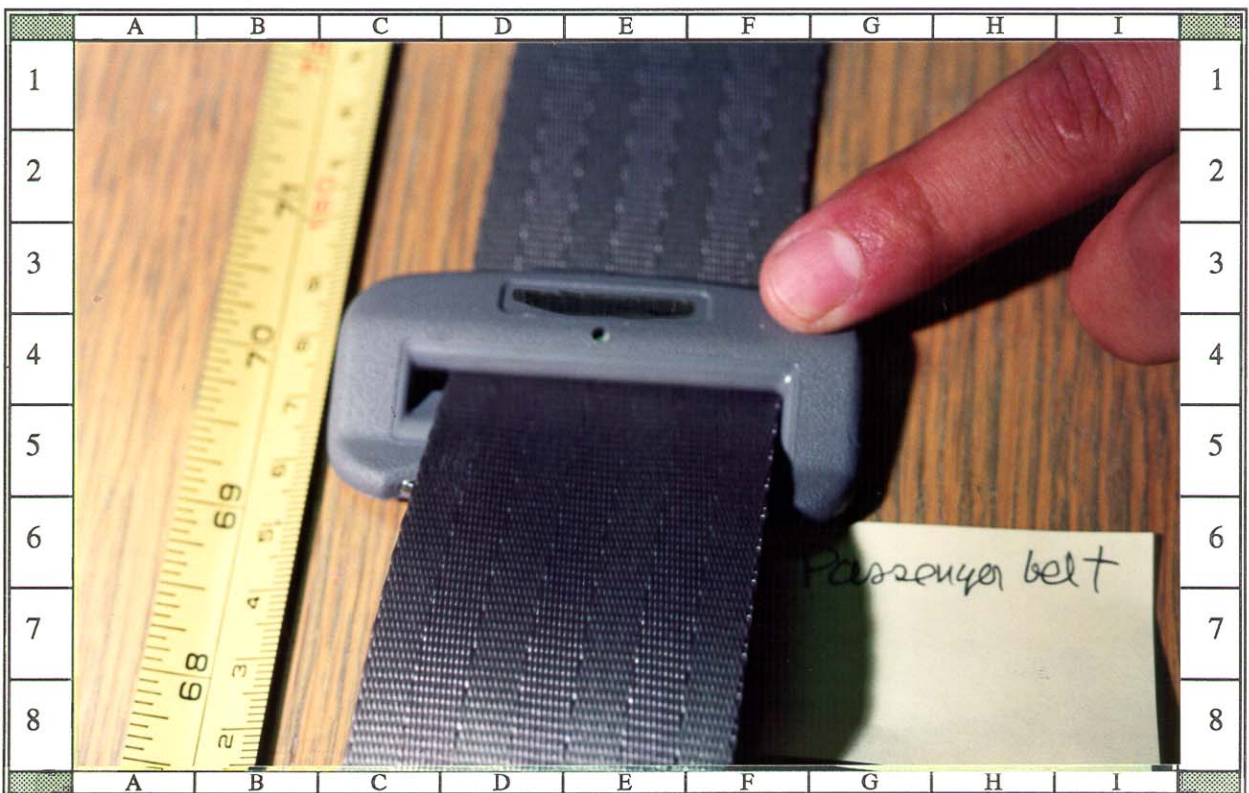
#121: Case Vehicle’s floor mounted buckles for center and right front safety belts showing evidence of interaction with right front seat



#122: Close-up of Case Vehicle’s floor mounted buckle for right front safety belt showing evidence of normal usage but no evidence of loading on mechanism



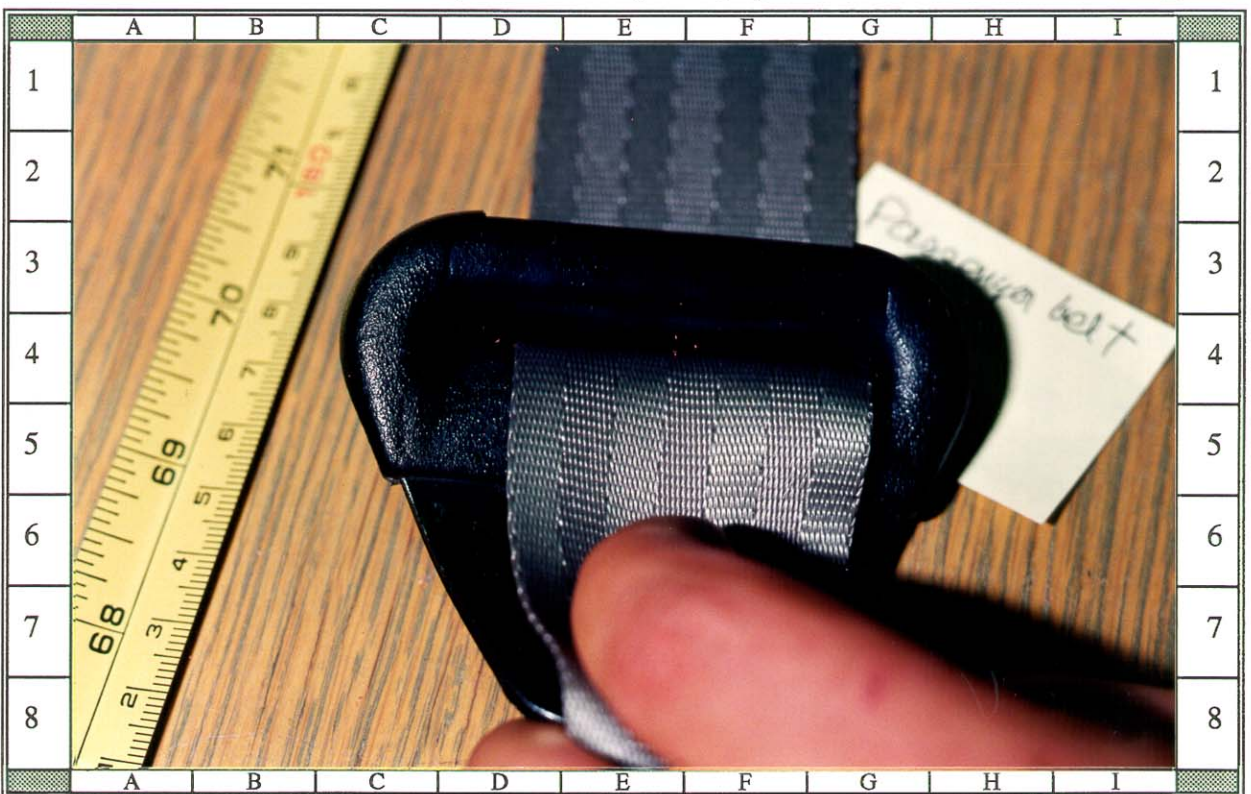
#123: Latch plate from Case Vehicle's right front safety belt; NOTE: no evidence of loading on latch plate



#124: Latch plate adjuster from Case Vehicle's right front safety belt showing adjuster's side that would be toward a restrained passenger; NOTE: no evidence of loading



#125: Latch plate adjuster from Case Vehicle's right front safety belt showing adjuster's side that would be away a restrained passenger; NOTE: no evidence of loading



#126: Case Vehicle's right front safety belt showing medial side of "D" ring and safety belt passing through "D" right; NOTE: no evidence of loading

TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1599

ON-SITE AIR BAG INVESTIGATION

NASS CDS FORMS AND MEDICAL RECORDS

CASE NO. - 96-18
FLEET - PRIVATE VEHICLE
LOCATION - KANSAS
ACCIDENT DATE - [REDACTED] 1996

Submitted By:

[REDACTED]
Senior Staff Associate
and
[REDACTED]
Associate Scientist

[REDACTED] 1996

Revised Submission:

[REDACTED] 1998

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590-0003

POLICE ACCIDENT REPORT

STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
Rev. 1-95

- ☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	R.O.	Speed Limit	55	CITY		Photos By		Local Case Number		Page	of	113								
Distance	Ft/Mi	Dir.	<input checked="" type="checkbox"/> FROM <input type="checkbox"/> AT Road	Speed Limit		Investigating Dept.		Investigating OFFICER/BADGE Number		Reviewed By												
100	FT	N	R.D.																			
COLLISION DIAGRAM (Show Unit Movements, Roads)						Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.				DATE OF ACCIDENT -96												
										TIME Occurred DAY												
										TIME Notified DAY												
										TIME Arrived DAY												
Object damaged and nature of damage (Show location in diagram)						Name and Address of object owner																
ON Road														Cntd Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude	
County														City Code	Agency Code	Distance	Reference Road 1	+ E	Distance	Reference Road 2	Coder	Func. Class
														N	M				M			
Unit	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped	NAME (Last, First and Initial)			Phone	<input type="checkbox"/> Work <input type="checkbox"/> Home	Color	YEAR	MAKE	MODEL & BODY STYLE			MC CCs									
27								95	CHEV	LUMINA 4S			-									
Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)							STATE	LICENSE PLATE #	YEAR	Removed By:												
							KS															
DRIVER'S LICENSE STATE and NUMBER				CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER				Odometer											
St. KS No.				-		F	2G1WL52M				33295											
Registered OWNER FULL NAME ("Same" if Driver)					Phone	<input type="checkbox"/> Work <input type="checkbox"/> Home	TOTAL occupants in this vehicle	Fire?	Insurance Company													
SAME							3	-														
OWNER Address ("Same" if Driver)							Special Data Area	Direction of Travel	Policy Number													
SAME								S														
Special Conditions for unit above: <input type="checkbox"/> 01 Hit & Run <input type="checkbox"/> 02 Non-Contact <input type="checkbox"/> 03 Stolen <input type="checkbox"/> 04 Legally parked <input type="checkbox"/> 05 Police pursuit <input type="checkbox"/> 06 Driverless <input checked="" type="checkbox"/> 07 Towed away																						
Unit	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped	NAME (Last, First and Initial)			Phone	<input type="checkbox"/> Work <input type="checkbox"/> Home	Color	YEAR	MAKE	MODEL & BODY STYLE			MC CCs									
2								88	CHEV	CORSIKA 4S			-									
Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)							STATE	LICENSE PLATE #	YEAR	Removed By:												
							MO															
DRIVER'S LICENSE STATE and NUMBER				CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER				Odometer											
St. MO No.				-		F	1G1LT5116J				144121											
Registered OWNER FULL NAME ("Same" if Driver)					Phone	<input type="checkbox"/> Work <input type="checkbox"/> Home	TOTAL occupants in this vehicle	Fire?	Insurance Company													
SAME							1	-														
OWNER Address ("Same" if Driver)							Special Data Area	Direction of Travel	Policy Number													
SAME								N														
Special Conditions for unit above: <input type="checkbox"/> 01 Hit & Run <input type="checkbox"/> 02 Non-Contact <input type="checkbox"/> 03 Stolen <input type="checkbox"/> 04 Legally parked <input type="checkbox"/> 05 Police pursuit <input type="checkbox"/> 06 Driverless <input checked="" type="checkbox"/> 07 Towed away																						
TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)				SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT								
1	01								F	27	S	N	I	A								
1	03								m	5	P	N	F	B								
1	06								m	3	C	N	N	-								
2	01								F	32	S	N	I	A								
E Unit M S A	INJURED TAKEN By:				E Unit M S B	INJURED TAKEN By:				E Unit M S C	INJURED TAKEN By:											
INJURED TAKEN To:				INJURED TAKEN To:				INJURED TAKEN To:														

INVESTIGATIVE - FATALITY REPORT

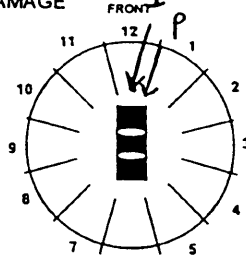
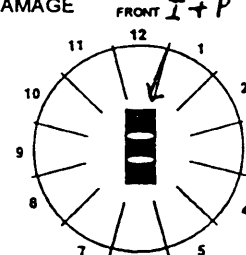
COUNTY FR	ON Road [REDACTED]	CITY [REDACTED]	DATE of Accident [REDACTED] 96	<input checked="" type="checkbox"/> Fatal, narrative & diagram on fatal accident (required by State) <input type="checkbox"/> Investigative Report	Page of 2 / 3
STATE USE ONLY		INVESTIGATIVE DEPT. [REDACTED]	TIME Occurred [REDACTED]	Day [REDACTED]	Invest. OFFICER/BADGE No. [REDACTED] Local Case Number [REDACTED]

D2 STATEMENT: I was going west on the right side of the road ([REDACTED] Rd). I was as close as possible to the right side of the road. I don't drive the road very often. As I came around the curve I saw the car (V1) coming at me on my side of the road. I tried to get to the other side of the road to miss it (V1).

D1 STATEMENT: I saw her and turned to the left. I knew we were going to hit. The next thing I hit my head and smelled smoke.

(See attached narrative for officer's information)

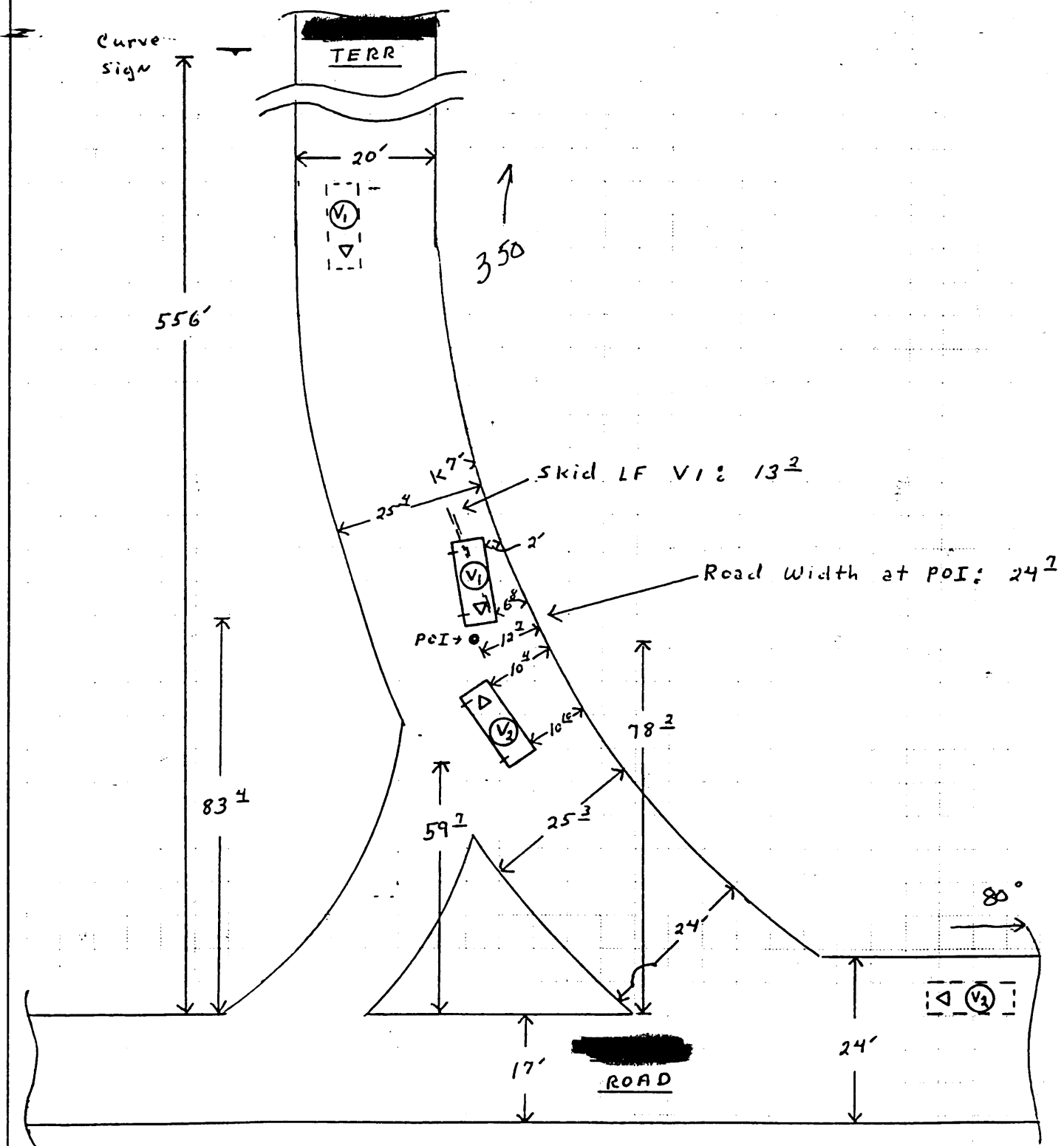
FATALITY DATA

TIME EMS NOTIFIED 1653	EXTRICATION WAS REQUIRED FOR THE FOLLOWING PERSONS NONE	00 SPECIAL JURISDICTION 01 Not Special 02 National Park Service 03 Military 04 Indian Reservation 05 College/University Campus 06 Other Federal properties 07 Other 08 Other 09 Unknown	VEHICLE 1 DAMAGE FRONT I P 	VEHICLE 2 DAMAGE FRONT I + P 
TIME EMS ARRIVED 1704			<input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> No Damage	<input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> No Damage
TIME EMS ARRIVED AT HOSPITAL 1723			20 Estimated Speed, MPH	30 Estimated Speed, MPH
IMPACT POINTS: Show initial impact point by arrow and label "I". Show principal impact point by arrow and label "P".				

COLLISION DIAGRAM

Draw scene as observed. Refer to vehicles, drivers, and pedestrians by numbers assigned in this report.

- SHOW (1) Outline of street and access points and identify specifically by number.
 (2) Paths of units prior to and after impact, skidmarks, and point of impact (POI).
 (3) Location of signs, traffic controls, and reference points.
 (4) Location of other property hit or damaged (trees, signs, etc.).
 (5) Specific features at location (bridge, overpass, culvert, railroad crossing, etc.).
 (6) Location of temporary highway conditions.
 (7) All measurements to locate the accident relative to specific, fixed, and identifiable points.



CASE NUMBER: [REDACTED]
VICTIM: [REDACTED]
DATE OF OFFENSE: [REDACTED]-96

SUPPLEMENT REPORT

AT [REDACTED] HRS., [REDACTED]-96, I WAS DISPATCHED TO THE INTERSECTION OF [REDACTED] ROAD AND [REDACTED] TERRACE, NORTHWEST OF [REDACTED] IN [REDACTED] COUNTY, KANSAS, IN RESPONSE TO A 911 REPORT OF AN INJURY ACCIDENT AT THAT LOCATION. [REDACTED] UNDERSHERIFF [REDACTED] AND DEPUTY [REDACTED] ALSO RESPONDED, AS DID AMBULANCES FROM THE [REDACTED] COUNTY AMBULANCE SERVICE, AND FIRST RESPONDERS FROM THE [REDACTED] DEPARTMENT, UNDER THE COMMAND OF CHIEF [REDACTED].

WHILE WE WERE ENROUTE, WE WERE TOLD THAT IT WAS APPARENTLY A HEAD-ON COLLISION.

WHEN SHERIFF [REDACTED] AND I ARRIVED, UNDERSHERIFF [REDACTED] WAS ALREADY THERE, AS WELL AS ONE AMBULANCE UNIT AND SEVERAL FIRST RESPONDERS. NORTH OF [REDACTED] RD ON THE CURVE LEADING TO [REDACTED] TERRACE, I SAW A GREY CHEVROLET CORSIKA, POINTED TO THE NORTH, AND JUST NORTH OF THE CORSIKA WAS A RED CHEVROLET LUMINA, POINTED TO THE SOUTH. THE FRONT ENDS OF BOTH CARS WERE DAMAGED, WITH THE PASSENGER SIDE FRONT CORNER OF EACH VEHICLE SHOWING THE MOST DAMAGE. IN THE ROADSIDE BESIDE THE LUMINA, I SAW A WHITE FEMALE, LATER IDENTIFIED AS [REDACTED] SITTING UP, SURROUNDED BY FIRST RESPONDERS WHO WERE SUPPORTING HER NECK. BESIDE HER, I SAW UNDERSHERIFF [REDACTED] AND EMTS STRAPPING A SMALL BOY, LATER IDENTIFIED AS [REDACTED] AGE 5, TO A SPINE BOARD, AND CARRIED THE SPINE BOARD TO THE FIRST AMBULANCE, WHICH TRANSPORTED HIM IMMEDIATELY TO THE EMERGENCY ROOM AT [REDACTED] IN [REDACTED]. JUST BEFORE MY ARRIVAL, I HEARD UNDERSHERIFF [REDACTED] NOTIFY THE SECOND AMBULANCE CREW THAT A THIRD VICTIM, LATER IDENTIFIED AS [REDACTED] WAS SEATED IN HIS CAR, WITH A CUT ON HER LOWER LIP, AND COMPLAINING OF PAIN IN HER ARM. THE [REDACTED] AMBULANCE UNIT ARRIVED, AND TRANSPORTED [REDACTED] AND [REDACTED] TO [REDACTED].

AFTER THE INJURED WERE TRANSPORTED FROM THE SCENE, SHERIFF [REDACTED] UNDERSHERIFF [REDACTED], AND I BEGAN TO DIAGRAM THE ACCIDENT SCENE, WHILE DEPUTY [REDACTED] OBTAINED VEHICLE INFORMATION. AFTER THE DIAGRAM INFORMATION WAS TAKEN, BOTH VEHICLES WERE TOWED FROM THE SCENE BY [REDACTED] WRECKER SERVICE OF [REDACTED].

WHEN WE LEFT THE SCENE, UNDERSHERIFF [REDACTED] AND I WENT TO [REDACTED] HOSPITAL. UNDERSHERIFF [REDACTED] ASKED THE DISPATCHER TO SEND DEPUTY [REDACTED] TO MEET US AT THE EMERGENCY ROOM. WHEN WE ARRIVED, WE LEARNED THAT [REDACTED] HAD DIED.

UNDERSHERIFF [REDACTED] OBTAINED DRIVERS INFORMATION AND STATEMENTS FROM BOTH DRIVERS. DEPUTY [REDACTED] OBTAINED A BLOOD SAMPLE FROM [REDACTED], AND AT THE SAME TIME, I OBTAINED A BLOOD SAMPLE FROM [REDACTED] WHICH WAS [REDACTED] BY [REDACTED] RN. WHEN I EXPLAINED TO MS. [REDACTED] THAT WE NEEDED TO HAVE A SAMPLE OF HER BLOOD FOR TESTING, SHE ASKED ME IF SINUS MEDICATION WOULD SHOW UP IN THE TEST. MS. [REDACTED] TOLD ME THAT AT ABOUT 1330 HRS. THAT AFTERNOON, SHE TOOK A DOSE OF SINE-AWAY BRAND SINUS MEDICATION, CONSISTING OF TWO 30 MG TABLETS OF PSEUDOEPHEDRINE. I SEALED MS [REDACTED] BLOOD SAMPLE, AND TRANSFERRED IT TO DEPUTY [REDACTED] WHO WAS TO TRANSPORT BOTH SAMPLES TO THE [REDACTED] BUREAU OF INVESTIGATION LABORATORY IN [REDACTED] FOR TESTING.

NOTHING FURTHER TO REPORT AT THIS TIME.

[REDACTED]

CASE NUMBER: [REDACTED]

PAGE 3 of 3

VICTIM: [REDACTED]

DATE OF ACCIDENT: [REDACTED] 7/96

On [REDACTED] 7/96 [REDACTED] was dispatched to the intersection of [REDACTED] Road and [REDACTED] Terrace in reference to a serious traffic accident. The accident was investigated by myself, with the [REDACTED] and [REDACTED] and [REDACTED] and [REDACTED]

From the investigation D1 was southbound on [REDACTED] Terrace in V1 just getting into the curve to go east on [REDACTED] Road. D2 was westbound on [REDACTED] Road in V2 and in the process of following the curve in the road to go north on [REDACTED] Terrace.

V1 was near the center of the roadway as V1 rounded the curve. V2 appeared to have been close to the right side of the roadway as V2 rounded the curve. When the drivers saw each other, both attempted to take evasive action by steering to the left. The vehicles hit nearly head on with the primary point of impact on the right front areas of both vehicles.

D1 had applied the brakes on V1 prior to impact leaving 13 feet, two inches of skid on the gravel roadway prior to impact. There were no other marks that were identifiable at the scene.

[REDACTED]
[REDACTED]

ACCIDENT COLLISION MEASUREMENT TABLE



**U.S. Department of Transportation
National Highway Traffic Safety
Administration**

ACCIDENT COLLISION MEASUREMENT TABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number / 0

Case Number—Stratum 96 / 8

ACCIDENT COLLISION DIAGRAM

Document the physical plant

- all road/roadway delineation (e.g., curbs/edge lines, line markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- all traffic controls (e.g., signs/signals, etc.)
- north arrow placed on diagram
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- roadway curvature (include measurement of precrash superelevation for each vehicle if applicable)

Document vehicle dynamics including:

- reference point and reference line relative to physical features present at the scene
- scaled documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
 - a) physical evidence, or
 - b) reconstructed accident dynamics

CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	<u>155</u>	<u>323</u>	
Surface Type	<u>GRAVEL</u>		
Surface Condition	<u>DRY</u>	<u>DRY</u>	
Coefficient of Friction			
Grade (v/h) Measurement (between impact and final rest)	<u>.4%</u>	<u>.4%</u>	
Grade (v/h) Measurement (at location of rollover initiation)			
Grade (v/h) Measurement (at pre-crash location)	<u>2%</u>	<u>.7%</u>	

Reference Point:

Reference line:

* All MEASUREMENTS obtained from Police DIAGRAM

[illegible]

[illegible]

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9618

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

02

4. Date of Accident
(Month, Day, Year)

9 6

5. Time of Accident

1650

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use

0

7. SS16 Pedestrian Crash Data Study
(Data for this special study available
in a separate file.)

0

8. SS17 Impact Fires

0

9. SS18 Unsafe Driver Actions

0

10. SS19 Run Off Road

0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident

01

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>03</u>	15. <u>F</u>	16. <u>02</u>	17. <u>02</u>	18. <u>F</u>
19. <u>0 2</u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>
26. <u>0 3</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>0 4</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>0 5</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
 (01) Subcompact/mini (wheelbase < 254 cm)
 (02) Compact (wheelbase ≥ 254 but < 265 cm)
 (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
 (04) Full size (wheelbase ≥ 278 but < 291 cm)
 (05) Largest (wheelbase ≥ 291 cm)
 (09) Unknown passenger car size
 (14) Compact utility vehicle
 (15) Large utility vehicle (≤ 4,536 kgs GVWR)
 (16) Utility station wagon (≤ 4,536 kgs GVWR)
 (19) Unknown utility type
 (20) Minivan (≤ 4,536 kgs GVWR)
 (21) Large van (≤ 4,536 kgs GVWR)
 (24) Van Based school bus (≤ 4,536 kgs GVWR)
 (28) Other van type (≤ 4,536 kgs GVWR)
 (29) Unknown van type (≤ 4,536 kgs GVWR)
 (30) Compact pickup truck (≤ 4,536 kgs GVWR)
 (31) Large pickup truck (≤ 4,536 kgs GVWR)
 (38) Other pickup truck (≤ 4,536 kgs GVWR)
 (39) Unknown pickup truck type (≤ 4,536 kgs GVWR)
 (45) Other light truck (≤ 4,536 kgs GVWR)
 (48) Unknown light truck type (≤ 4,536 kgs GVWR)
 (49) Unknown light vehicle type
 (50) School bus (excludes van based) (> 4,536 kgs GVWR)
 (58) Other bus (> 4,536 kgs GVWR)
 (59) Unknown bus type
 (60) Truck (> 4,536 kgs GVWR)
 (67) Tractor without trailer
 (68) Tractor-trailer(s)
 (78) Unknown medium/heavy truck type
 (79) Unknown light/medium/heavy truck type
 (80) Motored cycle
 (90) Other vehicle
 (99) Unknown
- Handwritten notes:*
 CV: 107.5 ⇒ 273.1
 VZ: 103.4 ⇒ 262.6

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|---|--|---|---|
| CDS APPLICABLE
AND OTHER
VEHICLES | (O) Not a motor vehicle
(N) Noncollision
(F) Front | (R) Right side
(L) Left side
(B) Back | (T) Top
(U) Undercarriage
(9) Unknown |
|---|--|---|---|

- | | | | |
|-------------------------------|--|--|---|
| TDC
APPLICABLE
VEHICLES | (O) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side | (L) Left side
(B) Back of unit with cargo area
(rear of trailer or straight truck)
(D) Back (rear of tractor) | (C) Rear of cab
(V) Front of cargo area
(T) Top
(U) Undercarriage
(9) Unknown |
|-------------------------------|--|--|---|

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover (excludes end-over-end)
 (32) Rollover — end-over-end
 (33) Fire or explosion
 (34) Jackknife
 (35) Other intraunit damage (specify): _____

(36) Noncollision injury

(38) Other noncollision (specify): _____

(39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
 (42) Tree (> 10 cm in diameter)
 (43) Shrubbery or bush
 (44) Embankment
 (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
 (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
 (52) Pole or post (> 30 cm in diameter)
 (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle
 not in-transport
 (71) Medium/heavy truck or bus not in-transport
 (72) Pedestrian
 (73) Cyclist or cycle
 (74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

Chevrolet
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

LUMINA
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

2G1WL52M351
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

20 mph X 1.6093 = 32 kmph

12. Speed Limit

(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

55 mph X 1.6093 = 88.51 kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver
Code actual value (decimal implied
before first digit—0.xx)

- (95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source:

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):

- (8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee (84 and after), Dispatcher, Raider, Bronco II, Bronco (76 and before), Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee (83 and before), Ramcharger, Trailduster, Bronco-fullsize (78 and after), fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager (83 and before), E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup (foreign), Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
- (0) Non-interchange area and non-junction
 - (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify) _____

- (5) Unknown type of junction

- (9) Unknown

20. Trafficway Flow 0
- (0) Not physically divided (two way traffic)
 - (1) Divided trafficway-median strip without positive barrier
 - (2) Divided trafficway-median strip with positive barrier
 - (3) One way traffic
 - (9) Unknown

21. Number Of Travel Lanes 2
- (1) One
 - (2) Two
 - (3) Three
 - (4) Four
 - (5) Five
 - (6) Six
 - (7) Seven or more
 - (9) Unknown

22. Roadway Alignment 3
- (1) Straight
 - (2) Curve right
 - (3) Curve left
 - (9) Unknown

23. Roadway Profile 4
- (1) Level
 - (2) Uphill grade (> 2%)
 - (3) Hill crest
 - (4) Downhill grade (> 2%)
 - (5) Sag
 - (9) Unknown

24. Roadway Surface Type 4
- (1) Concrete
 - (2) Bituminous (asphalt)
 - (3) Brick or block
 - (4) Slag, gravel, or stone
 - (5) Dirt
 - (8) Other (specify): _____
 - (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, dirt, or oil
- (8) Other (specify): _____
- (9) Unknown

26. Light Conditions 1
- (1) Daylight
 - (2) Dark
 - (3) Dark, but lighted
 - (4) Dawn
 - (5) Dusk
 - (9) Unknown

27. Atmospheric Conditions 0
- (0) No adverse atmospheric-related driving conditions
 - (1) Rain
 - (2) Sleet/hail
 - (3) Snow
 - (4) Fog
 - (5) Rain and fog
 - (6) Sleet and fog
 - (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 - (9) Unknown

28. Traffic Control Device 6
- (0) No traffic control(s)
 - (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing) CURVE
- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): _____

- (9) Unknown

29. Traffic Control Device Functioning 2
- (0) No traffic control device
 - (1) Traffic control device not functioning (specify): _____
 - (2) Traffic control device functioning properly
 - (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 01
- (00) No driver present
 - (01) Attentive or not distracted
 - (02) Looked but did not see
 - Distractions**
 - (03) By other occupant(s), (specify): _____
 - (04) By moving object in vehicle (specify): _____
 - (05) While talking or listening to cellular phone (specify location and type of phone): _____
 - (06) While dialing cellular phone (specify location and type of phone): _____
 - (07) While adjusting climate controls
 - (08) While adjusting radio, cassette, CD (specify): _____
 - (09) While using other device/controls integral to vehicle (specify): _____
 - (10) While using or reaching for device/object brought into vehicle (specify): _____
 - (11) Sleepy or fell asleep
 - (12) Distracted by outside person, object, or event (specify): _____
 - (13) Eating or drinking
 - (14) Smoking related
 - (97) Distracted/inattentive, details unknown
 - (98) Other, distraction (specify): _____
 - (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 14
- (00) No driver present
 - (01) Going straight
 - (02) Decelerating in traffic lane
 - (03) Accelerating in traffic lane
 - (04) Starting in traffic lane
 - (05) Stopped in traffic lane
 - (06) Passing or overtaking another vehicle
 - (07) Disabled or parked in travel lane
 - (08) Leaving a parking position
 - (09) Entering a parking position
 - (10) Turning right
 - (11) Turning left
 - (12) Making a U-turn
 - (13) Backing up (other than for parking position)
 - (14) Negotiating a curve
 - (15) Changing lanes
 - (16) Merging
 - (17) Successful avoidance maneuver to a previous critical event
 - (97) Other (specify): _____
 - (99) Unknown
32. Critical Precrash Event 10
- THIS VEHICLE LOSS OF CONTROL DUE TO:**
- (01) Blow out or flat tire
 - (02) Stalled engine
 - (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 - (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 - (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 - (06) Traveling too fast for conditions
 - (08) Other cause of control loss (specify): _____
 - (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver 08

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 2

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 52

(Note: Applicable codes on back of this page)

(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)									
I Single Driver	A Right Roadside Departure	01 DRIVE OFF ROAD	02 CONTROL/ TRACTION LOSS	03 AVOID COLLISION WITH VEH. PED. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN					
	B Left Roadside Departure	06 DRIVE OFF ROAD	07 CONTROL/ TRACTION LOSS	08 AVOID COLLISION WITH VEH. PED. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN					
	C Forward Impact	11 PARKED VEH.	12 STA. OBJECT	13 PEDESTRIAN/ ANIMAL	14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN					
II Same Trafficway Same Direction	D Rear-End	20 STOPPED 21, 22, 23	22 21, 22, 23	24 SLOWER 25, 26, 27	26 25, 26, 27	28 28, 29, 30, 31	29 28, 29, 30, 31	30 28, 29, 30, 31	31 28, 29, 30, 31	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	F Forward Impact	34 CONTROL/ TRACTION LOSS	35 CONTROL/ TRACTION LOSS	36 CONTROL/ TRACTION LOSS	37 CONTROL/ TRACTION LOSS	38 AVOID COLLISION WITH VEH.	39 AVOID COLLISION WITH VEH.	40 AVOID COLLISION WITH OBJECT	41 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 									

OCCUPANT RELATED37. Driver Presence in Vehicle 1

- (0) Driver not present
(1) Driver present
(9) Unknown

38. Number of Occupants This Vehicle 03
(00-96) Code actual number of occupants for this vehicle

- (97) 97 or more
(99) Unknown

39. Number of Occupant Forms Submitted 03**AIR BAG RELATED**40. Is this an AOPS Vehicle? 1

- (0) No (includes unknown)
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts

41. Air Bag(s) Deployment, First Seat Frontal 6

- (0) Not equipped or not available
(1) No air bags deployed

Single Air Bag Vehicle

- (2) Driver air bag deployed
(3) Driver air bag, unknown if deployed

Multiple Air Bag Vehicle

- (4) Driver side only deployed
(5) Passenger side only deployed
(6) Driver and passenger side deployed
(7) Driver and passenger side unknown if deployed
(8) Air bag(s) deployed, details unknown
(9) Unknown

42. Air Bag(s) Deployment, Other Than First Seat Frontal 0

- (0) Not equipped with an "other" air bag
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS43. Vehicle Curb Weight 1.510

Code weight to nearest 10 kilograms.

- (045) Less than 454 kilograms
(612) 6,124 kilograms or more
(999) Unknown

3330 lbs X 4536 = 1.510 kgs

Source: _____

44. Vehicle Cargo Weight 0.000

Code weight to nearest 10 kilograms.

- (000) Less than 5 kilograms
(454) 4,536 kilograms or more
(999) Unknown

2 lbs X .4536 = 2.3 kgsSource: DRIVER interview**ROLLOVER DATA**45. Rollover 00

(00) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

(01-16) Code the number of quarter turns

(17) Rollover, 17 or more quarter turns (specify): _____

(98) Rollover--end-over-end (i.e., primarily about the lateral axis)

(99) Rollover (overturn), details unknown

46. Rollover Initiation Type 00

(00) No rollover

(01) Trip-over

(02) Flip-over

(03) Turn-over

(04) Climb-over

(05) Fall-over

(06) Bounce-over

(07) Collision with another vehicle

(08) Other rollover initiation type specify): _____

(98) Rollover--end-over-end

(99) Unknown rollover initiation type

47. Location of Rollover Initiation 0

(0) No rollover

(1) On roadway

(2) On shoulder--paved

(3) On shoulder--unpaved

(4) On roadside or divided trafficway median

(8) Rollover--end-over-end

(9) Unknown

48. Rollover Initiation Object Contacted 00

(Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0

(0) No rollover

(1) Wheels/tires

(2) Side plane

(3) End plane

(4) Undercarriage

(5) Other location on vehicle (specify): _____

(6) Non-contact rollover forces (specify): _____

(8) Rollover--end-over-end

(9) Unknown

50. Direction of Initial Roll 0

(0) No rollover

(1) Roll right - primarily about the longitudinal axis

(2) Roll left - primarily about the longitudinal axis

(8) Rollover--end-over-end

(9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 052. Rear Override/Underride (this Vehicle) 0

- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact
(997) Noncollision
(998) Impact with object
(999) Unknown

53. Heading Angle For This Vehicle 15554. Heading Angle For Other Vehicle 320**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0

- (0) No
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 01

- (00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
(02) Reconstruction program-damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

(98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

19 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

60. Longitudinal Component of Delta V

Highest

-18 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than
-0.5 kmph and less than +0.5 kmph)
(±160) ±159.5 kmph and above
(999) Unknown

61. Lateral Component of Delta V

Highest

+3 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and
less than +0.5 kmph)
(±160) ±159.5 kmph and above
(999) Unknown

62. Energy Absorption

Highest

31778 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

63. Impact Speed

Highest

998 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(998) Trajectory algorithm not run
(999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

3

- (0) No reconstruction
(1) Collision fits model — results appear reasonable
(2) Collision fits model — results appear high
(3) Collision fits model — results appear low
(4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

18.0 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

ESTIMATED DELTA V

INSPECTION TYPE

66. Estimated Highest Delta V (Researcher Determined)

0

(0) Reconstruction Delta V coded

Estimated Delta V

- (1) Less than 10 kmph
(2) ≥ 10 kmph but < 25 kmph
(3) ≥ 25 kmph but < 40 kmph
(4) ≥ 40 kmph but < 55 kmph
(5) ≥ 55 kmph

Other estimates of damage severity

- (6) Minor
(7) Moderate
(8) Severe
(9) Unknown

67. Type of Vehicle Inspection

3

- (0) No inspection
(1) Vehicle fully repaired-no damage evident
(2) Partial inspection (specify):
(3) Complete inspection

DELTA V EVENT NUMBER

68. Delta V Event Number

1

Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle
(99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>1</u> <u>0</u>	3. Vehicle Number	<u>0</u> <u>1</u>
2. Case Number - Stratum	<u>9</u> <u>6</u> <u>1</u> <u>8</u>		

VEHICLE IDENTIFICATION

VIN 2G1WL52M3S1 Model Year 95
Vehicle Make (specify): Chevrolet Vehicle Model (specify): Lumina

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	starts 17cm (L) of center	across front bumper	C-6

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.


Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.


Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>107.5</u>	inches	x	2.54	=	<u>273.1</u>	cm
Overall Length	<u>200.9</u>	inches	x	2.54	=	<u>510.3</u>	cm
Maximum Width	<u>72.5</u>	inches	x	2.54	=	<u>184.2</u>	cm
Curb Weight	<u>3,330</u>	pounds	x	0.4536	=	<u>1,510.5</u>	kg
Average Track	^{59.1?} _{59.0} <u>59.05</u>	inches	x	2.54	=	<u>150.0</u>	cm
Front Overhang	_____	inches	x	2.54	=	_____	cm
Rear Overhang	_____	inches	x	2.54	=	_____	cm
Undeformed End Width	<u>59.</u>	inches	x	2.54	=	<u>150</u>	cm
Engine Size: cyl/displ.	_____	cc	x	0.001	=	<u>3.1</u>	L
V-6 6-passenger	<u>191</u>	CID	x	0.0164	=	<u>3.1</u>	L

 Shipping Weight 3,245
100
3,345

 Curb Weight 3,330

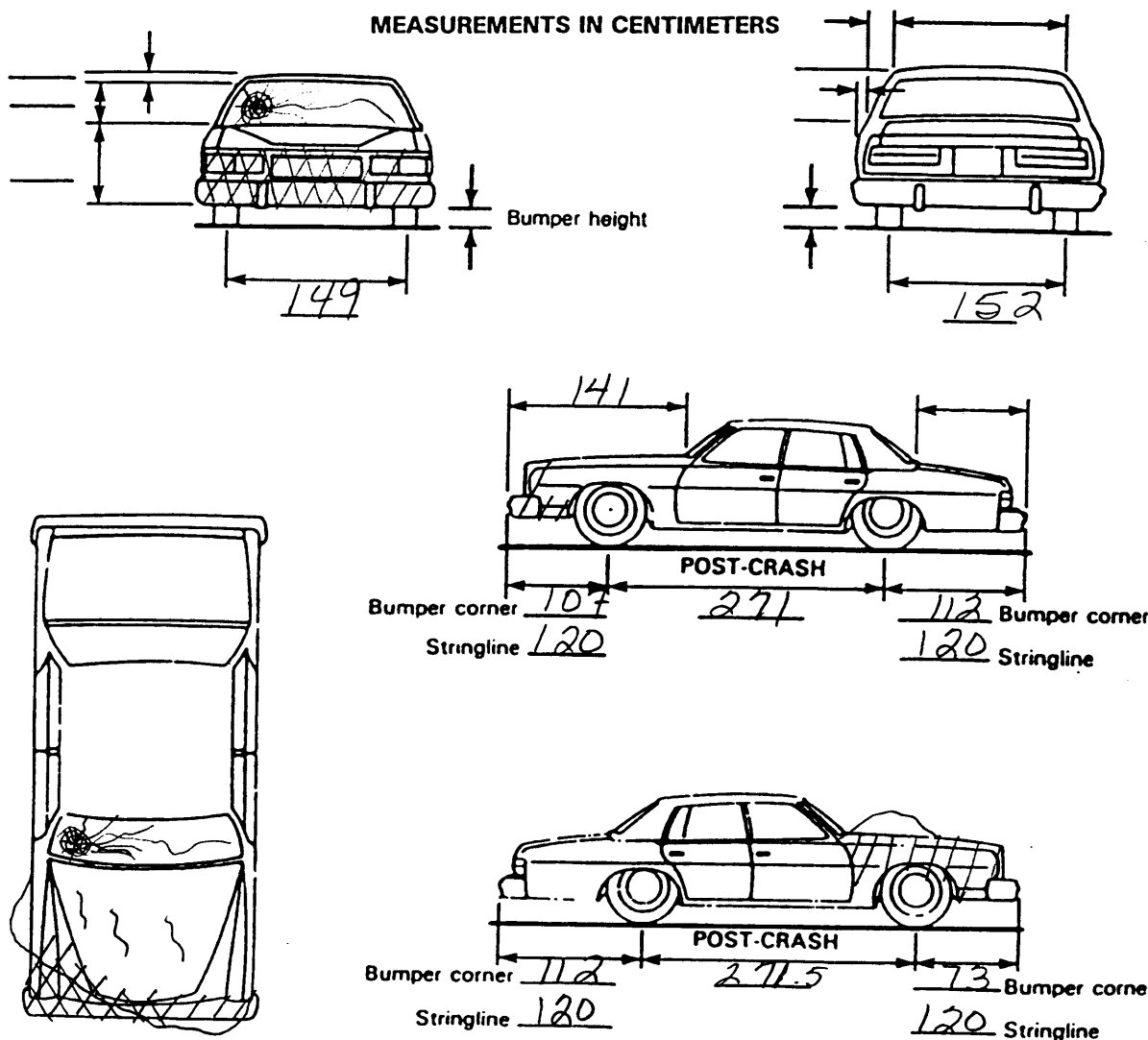
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}	Color: {specify}	Repair Cost: \$
Transmission: {circle} <u>Automatic</u> Manual	Speed: 3-speed <u>4-speed</u> 5-speed Other:	
Steering: {circle} <u>Power-assisted</u> Manual	Type: <u>rack-and-pinion</u> worm-and-gear Other	
(please describe):		
Brakes: {circle} <u>Power-assisted</u> Manual	Type: <u>4-wheel disc</u> 4-wheel drum 4-wheel hydraulic	
<u>front disc, rear drum</u> Other:		
Observed Defects: {specify}		
Fleet Type: {circle} <u>Private vehicle</u> Rental vehicle Leased vehicle Commercial vehicle Other		
(please describe):		

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>1</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>273</u> cm Overall Length <u>510</u> cm Maximum Width <u>184</u> cm Curb Weight <u>1510</u> kg Average Track <u>150</u> cm Front Overhang <u>118</u> cm Rear Overhang <u>121</u> cm Undeformed End Width <u>150</u> cm Engine Size: cyl./displ. <u>V-6 3.1</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight _____ kg			

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

BRANHAM AUTOMOBILE REFERENCE BOOK-PASSENGER CAR SECTION

CHEVROLET Division, **48202**

Type of Body Pass. Cap.		Model	Wheel Base	Dimensions Inches Lt. x Wt. x Ht.		Ship. Wt.	Tax H.P.	Factory List Price	Factory Del'd Price
Man. Trans. 5-speed(MJ1); EPA Mileage Estimate 20/28									
5-PS 4-dr NB Sedan LS		1JF69	104.1"	180.3" x 67.9" x 54.8"		2846	20.97	10,660	11,145
4-PS 2-dr Convertible LS		1JF67	104.1"	180.3" x 68.7" x 53.9"		2904	20.97	17,110	17,595
Auto. Trans. 3-speed(MN4); EPA Mileage Estimate									
5-PS 2-dr NB Coupe Z24		1JF37	104.1"	180.3" x 68.7" x 53.2"		2788	20.97	13,810	14,295
5-PS 4-dr NB Sedan LS		1JF69	104.1"	180.3" x 67.9" x 54.8"		2846	20.97	12,860	13,345
4-PS 2-dr Convertible LS		1JF67	104.1"	180.3" x 68.7" x 53.9"		2948	20.97	17,605	18,090
Options Cavalier Series: Destination Charges-\$485; 4 cyl 2.3 liter PFI OHV Gas Engine(LD2)-\$395 Z24-std; Auto. Trans. 3-speed-\$495 Z24-std; Preferred Equip. Groups Base(1) Sedan-\$193 Coupe-\$290 (2) Sedan-\$563 Coupe-\$851 LS (1)-\$435 (2)-\$1101 Convertible-\$9965; Air Conditioning(VL Only)-\$785; Appearance Pkg(W27)-\$200; Electric Rear Window Defogger(C49)-\$170; Door Locks Power(AU3) Sedan-\$250 Coupe-\$210; Emissions (Calif & Mass)-\$100; Bucket Vinyl Seats (Convertible)-\$50; Rear Split Folding Seat-\$180; Sun Roof-\$595									
1995 Corsica Series FWD L4 cyl 2.2 liter MPFI OHV Gas Engine(LN2)(8 valve)									
Bore & Stroke 3.5"x3.46"; Tax H.P. 19.6; SAE H.P. 120@5200; Torque 130@4000; 133 cu.in., 2.2 liter									
Auto. Trans. 3-speed(MX1); EPA Mileage Estimate 25/31									
5-PS 4-dr NB Sedan		1LD69	103.4"	183.5" x 68.5" x 54.2"		2659	19.6	13,890	14,385
1995 Corsica Series FWD V6 cyl 3.1 liter SPFI OHV Gas Engine(L82)(12 valve)									
Bore & Stroke 3.504"x3.307"; Tax H.P. 29.47; SAE H.P. 155@5200; Torque 185@4000; 191 cu.in., 3.1 liter									
Auto. Trans. 4-speed(M13); EPA Mileage Estimate 21/29									
5-PS 4-dr NB Sedan		1LD69	103.4"	183.5" x 68.5" x 54.2"		2799	29.47	14,610	15,105
Options Corsica Series: Destination Charges-\$495; V6 3.1 liter SFI Gas Engine(L82)-\$720; Preferred Equip. Group (1)-\$165 (2)-\$745; Electric Rear Window Defogger(C49)-\$170; Emission (Calif & Mass)-\$100; Wheel (14" Styled Steel)-\$56; Power Windows(A31)-\$340									
1995 Corvette Series RWD V8 cyl 5.7 liter SFI Gas Engine(LT1)(16 valve)									
Bore & Stroke 4.0"x3.48; Tax H.P. 51.2; SAE H.P. 300@5000; Torque 340@3600; 350 cu.in., 5.7 liter									
Man. Trans. 6-speed(ML9); EPA Mileage Estimate 17/27									
2-PS 2-dr Coupe		1YY07	96.2"	178.5" x 70.7" x 46.3"		3160	51.2	36,785	37,345
2-PS 2-dr Convertible		1YY67	96.2"	178.5" x 70.7" x 47.3"		3211	51.2	43,665	44,225
Auto. Trans. 4-speed(M30); EPA Mileage Estimate 17/24									
2-PS 2-dr Coupe		1YY07	96.2"	178.5" x 70.7" x 46.3"		3203	51.2	36,785	37,345
2-PS 2-dr Convertible		1YY67	96.2"	178.5" x 70.7" x 47.3"		3254	51.2	43,665	44,225
1995 Corvette RWD V8 cyl 5.7 liter SFI Gas Engine(LT5)(32 valve)									
Bore & Stroke 3.9"x3.66; Tax H.P. 48.67; SAE H.P. 405@5800; Torque 385@5200; 350 cu.in., 5.7 liter									
Man. Trans. 6-speed(ML9); EPA Mileage Estimate 17/25									
2-PS 2-dr Coupe ZR-1		1YZ07	96.2"	178.5" x 73.1" x 47.3"		3406	48.67	68,043	68,603
2-PS 2-dr Convertible ZR-1		1YY67	96.2"	178.5" x 70.7" x 47.3"		3457	48.67	74,923	75,483
Options Corvette Series: Destination Charges-\$560; Preferred Equip. Pkg (1)-\$1333 w/AMFM Stereo(U1F)-\$1729; Emissions (Calif & Mass)-\$100; Hard Tops (Convertible)-\$1995; Low Tire Pressure Warning Indicator-\$325; Performance Handling Pkg(Z07)-\$2045; Roof Pkg(C2L)-\$950; Roof Panel (Removable Blue or Bronze Tint)-\$650; 6 way Power Seats (Driver)(AC3)-\$305 (Passenger)(AC1)-\$305; Leather Adjustable Bucket Seats(AQ9)-\$625; Selective Ride & Handling(FX3)-\$1695; Special Performance Pkg(ZR1)-\$31,258									
1995 Impala SS RWD V8 cyl 5.7 liter SFI Gas Engine(LT1)(16 Valve)									
Bore & Stroke 4.0"x3.48"; Tax H.P. 51.2; SAE H.P. 260@4800; Torque 330@3200; 350 cu.in., 5.7 liter									
Auto. Trans. 4-speed(MX0); EPA Mileage Estimate 17/26									
5-PS 4-dr NB Sedan		1BL19	115.9"	214.1" x 77.5" x 54.7"		3912	51.2	22,910	23,495
Options Impala SS: Destination Charges-\$585; Preferred Equip. Group (1)-\$890; AM/FM Stereo w/cassette-\$55 w/CD-\$155; Defogger (Rear Window)(C49)-\$205; Emissions (Calif & Mass)-\$100									
1995 Lumina Series FWD V6 cyl 3.1 liter MPFI OHV Gas Engine(L82)(12 valve)									
Bore & Stroke 3.503"x3.307"; Tax H.P. 29.45; SAE H.P. 160@5200; Torque 185@4000; 191 cu.in., 3.1 liter									
Auto. Trans. 4-speed(M13); EPA Mileage Estimate 19/29									
6-PS 4-dr NB Sedan		1VL69	107.5"	200.9" x 72.5" x 55.2"		3245	29.45	15,460	15,995
6-PS 4-dr NB Sedan LS		1WN69	107.5"	200.9" x 72.5" x 55.2"		3287	29.45	16,960	17,495
1995 Lumina Z34 Series FWD V6 cyl 3.4 liter SFI DOHC Gas Engine(LQ1)(24 valve)									
Bore & Stroke 3.623"x3.307; Tax H.P. 31.5; SAE H.P. 210@5200; Torque 215@4000; 207 cu.in., 3.4 liter									
Auto. Trans. 4-speed(M13); EPA Mileage Estimate 17/26 (Includes Preferred Equip. Group (1) & P225/60R-16 Tires)									
5-PS 2-dr NB Sedan LS		1VL69	107.5"	200.9" x 72.5" x 55.2"		3405	31.5	18,570	19,105
Options Lumina Series: Destination Charges-\$535; V6 cyl 3.4 liter SFI DOHC Gas Engine(LQ1)-\$960; Preferred Equip. Groups (1)-\$707 LS-\$500; 4-wheel Anti-Lock Brakes-\$386; Electric Rear Windows Defogger(C49)-\$164; Emissions (Calif & Mass)-\$100; Keyless Entry(AU0)-\$130; 6-way Power Seat(WG1)-\$260; Electronic Speed Control-\$217; Wheels (16" AL)-\$251									

1995 Lumina MiniVan Passenger & Cargo FWD (See Truck Section: Chevrolet)

1995 Monte Carlo FWD V6 cyl 3.1 liter SFI OHV Gas Engine(L82)(12 valve)

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>Z</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ± D
<u>150</u>	<u>000</u>	<u>001</u>	<u>011</u>	<u>020</u>	<u>027</u>	<u>029</u>	<u>⁺046</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ± D
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

150

27. Direct Damage Width

(For highest severity impact)

Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

088

28. Original Wheelbase

Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

273

29. Original Average Track Width

Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

150

		FUEL SYSTEM	
30. Are CDCs Documented but Not Coded on The Automated File?	<u>0</u>	35. Location of Fuel Tank-1 Filler Cap	<u>2</u>
(0) No		36. Location of Fuel Tank-2 Filler Cap	<u>0</u>
(1) Yes		(0) No fuel tank	
		(1) On back plane	
		(2) Aft of center of the rear wheels (rear axle) on left side plane	
		(3) Aft of center of the rear wheels (rear axle) on right side plane	
		(4) Forward of center of the rear wheels (rear axle) on left side plane	
		(5) Forward of center of the rear wheels (rear axle) on right side plane	
		(6) Over the center of the rear wheels (rear axle) on left side plane	
		(7) Over the center of the rear wheels (rear axle) on right side plane	
		(8) Other (specify): _____	
		(9) Unknown	
31. Researcher's Assessment of Vehicle Disposition	<u>1</u>	37. Type of Fuel Tank-1	<u>2</u>
(0) Not towed due to vehicle damage		38. Type of Fuel Tank-2	<u>0</u>
(1) Towed due to vehicle damage		(0) No fuel tank (electrical vehicle)	
(9) Unknown		(1) Metallic	
		(2) Non-metallic	
		(9) Unknown	
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?	<u>0</u>	39. Location of Fuel Tank-1	<u>4</u>
(0) No post manufacturer modifications		40. Location of Fuel Tank-2	<u>0</u>
(1) Yes - post manufacturer modifications (specify): _____		(0) No fuel tank	
_____		(1) Aft of center of the rear wheels (rear axle) centered	
_____		(2) Aft of center of the rear wheels (rear axle) left side	
(Include photograph of CERTIFICATION PLACARD in case report)		(3) Aft of center of the rear wheels (rear axle) right side	
(9) Unknown if vehicle is modified		(4) Forward of center of the rear wheels (rear axle) centered	
		(5) Forward of center of the rear wheels (rear axle) left side	
		(6) Forward of center of the rear wheels (rear axle) right side	
		(7) Over center of the rear wheels (rear axle)	
		(8) Other (specify): _____	
		(9) Unknown	
		41. Damage to Fuel Tank-1	<u>1</u>
		42. Damage to Fuel Tank-2	<u>0</u>
		(0) No fuel tank	
		(1) No damage to fuel tank	
		(2) Deformed, no seam failure	
		(3) Deformed, with a seam failure	
		(4) Punctured	
		(5) Lacerated (ripped)	
		(6) Abraded (scraped)	
		(7) Filler neck separation from the fuel tank	
		(8) Other damage (specify): _____	
		(9) Unknown	
FIRE OCCURRENCE			
33. Fire Occurrence	<u>0</u>		
(0) No fire			
Yes, fire occurred			
(1) Minor			
(2) Major			
(9) Unknown			
34. Origin of Fire	<u>0</u>		
(0) No fire			
(1) Vehicle exterior (front, side, back, top)			
(2) Exhaust system			
(3) Fuel tank (and other fuel retention system parts)			
(4) Engine compartment			
(5) Cargo/trunk compartment			
(6) Instrument panel			
(7) Passenger compartment area			
(8) Other location (specify): _____			
(9) Unknown			

43. Leakage Location of Fuel System-1

1

44. Leakage Location of Fuel System-2

0

(0) No fuel tank

(1) No fuel leakage

Primary Area Of Leakage

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): _____

(9) Unknown

45. Fuel Type-1

01

46. Fuel Type-2

00*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank _____

Tank location _____

Filler cap location _____

Tank damage _____

Location of leakage _____

Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 96 18

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 = 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2
20. BL 2 21. Roof 0 22. Other 2

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2
28. BL 1 29. Roof 0 30. Other 1

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 1 33. RF 1 34. LR 1 35. RR 1
36. BL 1 37. Roof 0 38. Other 1

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1
44. BL 1 45. Roof 0 46. Other 1

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
10cm	—	5cm	=	5cm
	—		=	
	—		=	
	—		=	

Front
of Rim to Dash 5cm = 2"

NOTE: The 5cm Rim movement most likely
a result of shear capsule movement
not deformation from driver contact
Although top half of Rim appears bent

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

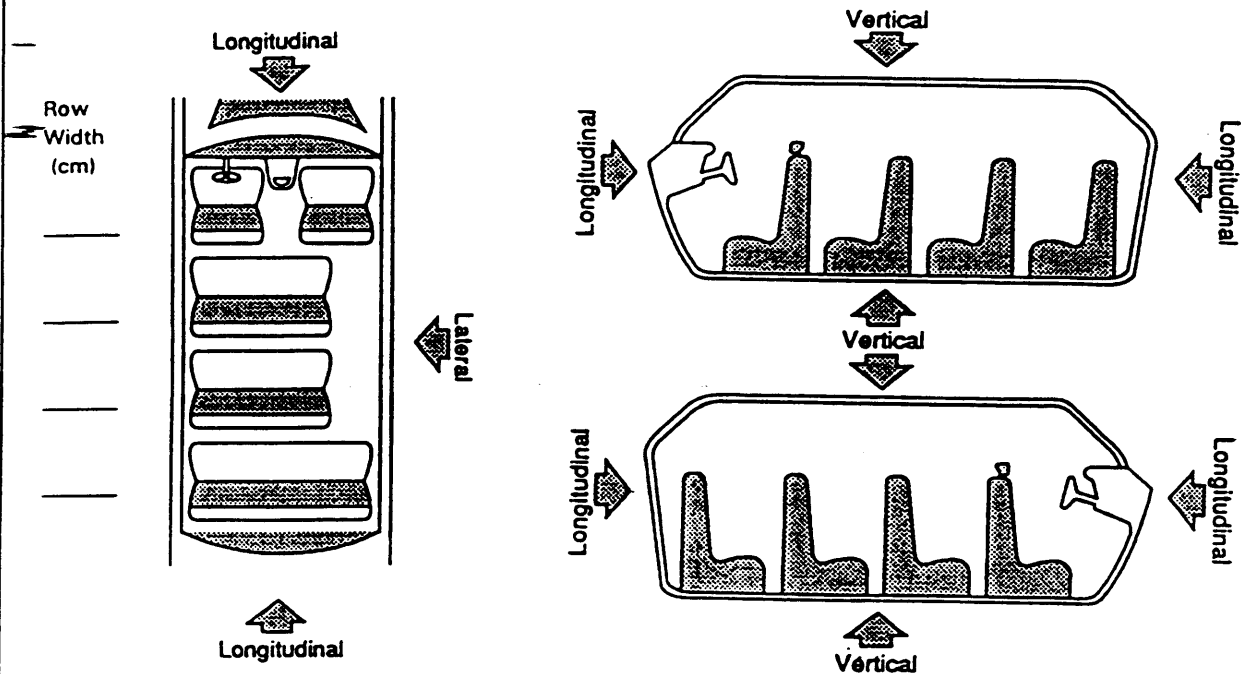
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
		-		=	
		No INTRUSIONS			
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

STEERING COLUMN

87. Steering Column Type 2
- (1) Fixed column
 - (2) Tilt column
 - (3) Telescoping column
 - (4) Tilt and telescoping column
 - (8) Other column type (specify): _____
 - (9) Unknown

88. Tilt Steering Column Adjustment 1
- (0) No tilt steering column
 - (1) Full up
 - (2) Between full up and center
 - (3) Center
 - (4) Between center and full down
 - (5) Full down
 - (9) Unknown

89. Telescoping Steering Column Adjustment 0
- (0) No telescoping steering column
 - (1) Full back
 - (2) Between full back and midpoint
 - (3) Midpoint
 - (4) Between midpoint and full forward
 - (5) Full forward
 - (9) Unknown

90. Steering Rim/Spoke Deformation 05
- Code actual measured deformation to the nearest centimeter
- (00) No steering rim deformation
 - (01-14) Actual measured value in centimeters
 - (15) 15 centimeters or more
 - (98) Observed deformation cannot be measured
 - (99) Unknown

91. Location of Steering Rim/Spoke Deformation 01
- (00) No steering rim deformation

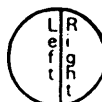
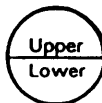
Quarter Sections

- (01) Section A
- (02) Section B
- (03) Section C
- (04) Section D



Half Sections

- (05) Upper half of rim/spoke
- (06) Lower half of rim/spoke
- (07) Left half of rim/spoke
- (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
- (10) Undetermined location
- (99) Unknown

INSTRUMENT PANEL

92. Odometer Reading 054,000
- _____ kilometers
- Code to the nearest 1,000 kilometers
- (000) No odometer
 - (001) Less than 1,500 kilometers
 - (500) 499,500 kilometers or more
 - (999) Unknown
- 33.295 miles X 1.6093 = 53.583 kilometers

Source: ODOMETER

93. Instrument Panel Damage from Occupant Contact? 0
- (0) No
 - (1) Yes
 - (9) Unknown

94. Type of Knee Bolster Covering 2
- (0) No knee bolster
 - (1) Padded
 - (2) Rigid plastic
 - (8) Other (specify): _____
 - (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 1
- (0) No knee bolster
 - (1) No deformation
 - (2) Yes - deformation
 - (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 2
- (0) No glove compartment door
 - (1) No - door did not open
 - (2) Yes - door opened
 - (9) Unknown

97. Adaptive (Assistive) Driving Equipment 0
- (0) No adaptive driving equipment
 - (1) Adaptive driving equipment installed (Check all that apply.)
 - [] Hand controls for braking/acceleration
 - [] Steering control devices (attached to OEM steering wheel)
 - [] Steering knob attached to steering wheel
 - [] Low effort power steering (unit or device)
 - [] Replacement steering wheel (i.e., reduced diameter)
 - [] Joy-stick steering controls
 - [] Wheelchair tie-downs
 - [] Modification to seat belts (specify): _____
 - [] Additional or relocated switches (specify): _____
 - [] Raised roof
 - [] Wall-mounted head rest (used behind wheelchair)
 - [] Other adaptive device (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	2
D-Air bag damaged?	01	01
E-Source of air bag damage	01	01
F-Air bag tethered?	1	2
G-Air bag have vent ports?	2	2
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	1	1

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes - PARTIALLY - DRIVER
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): CUT SCRAPES
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): 1
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2 2
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

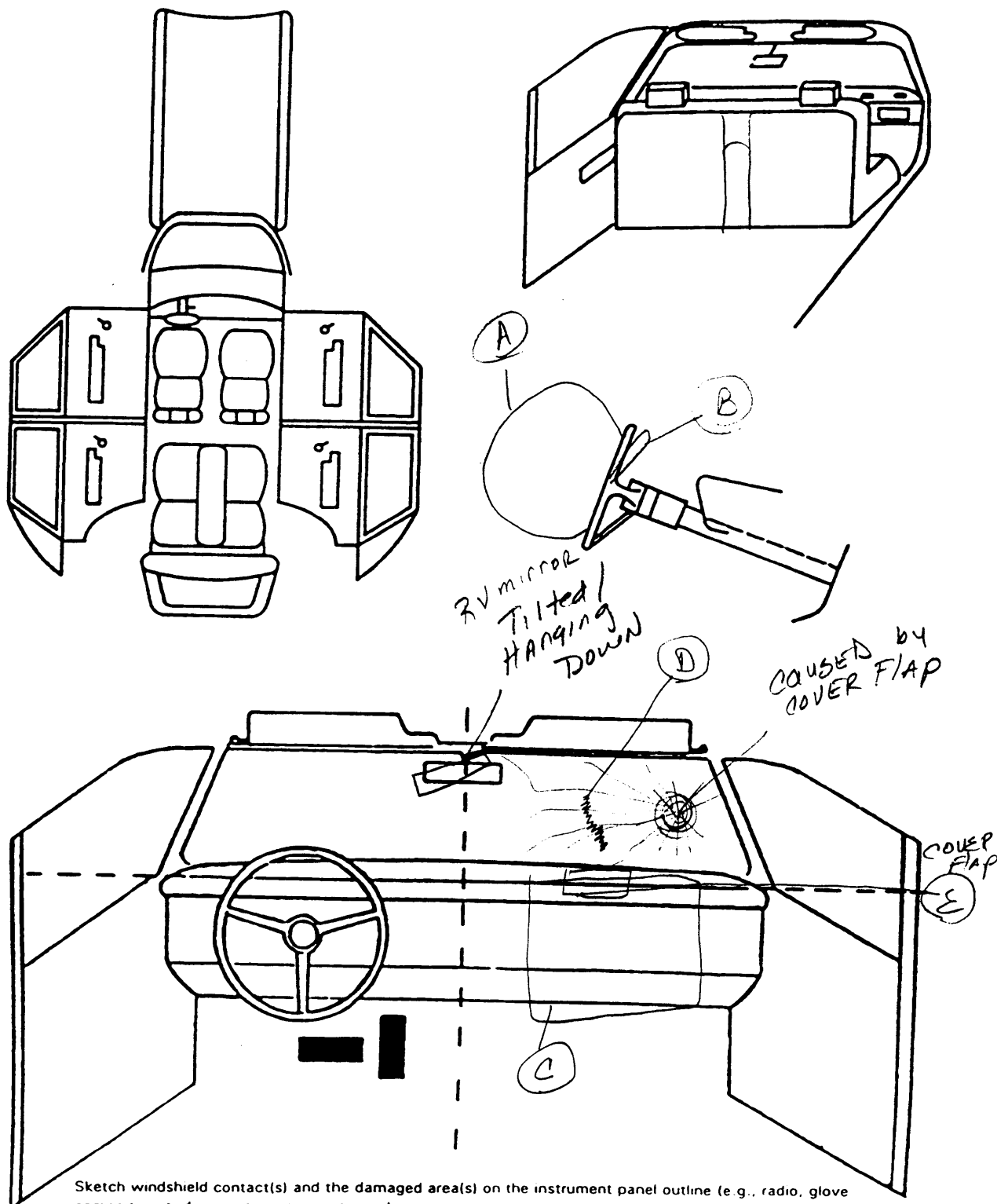
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	170	1	FACE	OIL / SKIN	1
B	004			AIR bag deployment force	N/A
C	180	2	FACE	SKIN, HAIR, OIL	1
D	001			COVER FLAP transfer	N/A
E	185	2	mouth	SKIN ON leading EDGE	2
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Survivor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tapedeck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function			
	Deployment			
	Failure			

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

Air Bag System Deployment**(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Are There Indications of Air Bag**System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	0	0
	B-Use	0	0
	C-Type	0	0
	D-Proper Use	0	0
	E-Failure Modes	0	0

A-Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

B-Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

C-Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used

improperly

with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

— If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	3	4
	B-Evidence of usage	04	00	04
	C-Used in this crash?	00	00	04
	D-Proper Use	0	0	1
	E-Failure Modes	1	0	1
	F-Anchorage Adjustment	4	0	3
SECOND	A-Availability	4	3	4
	B-Evidence of usage	04	00	04
	C-Used in this crash?	00	00	04
	D-Proper Use	0	0	1
	E-Failure Modes	0	0	1
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

(9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

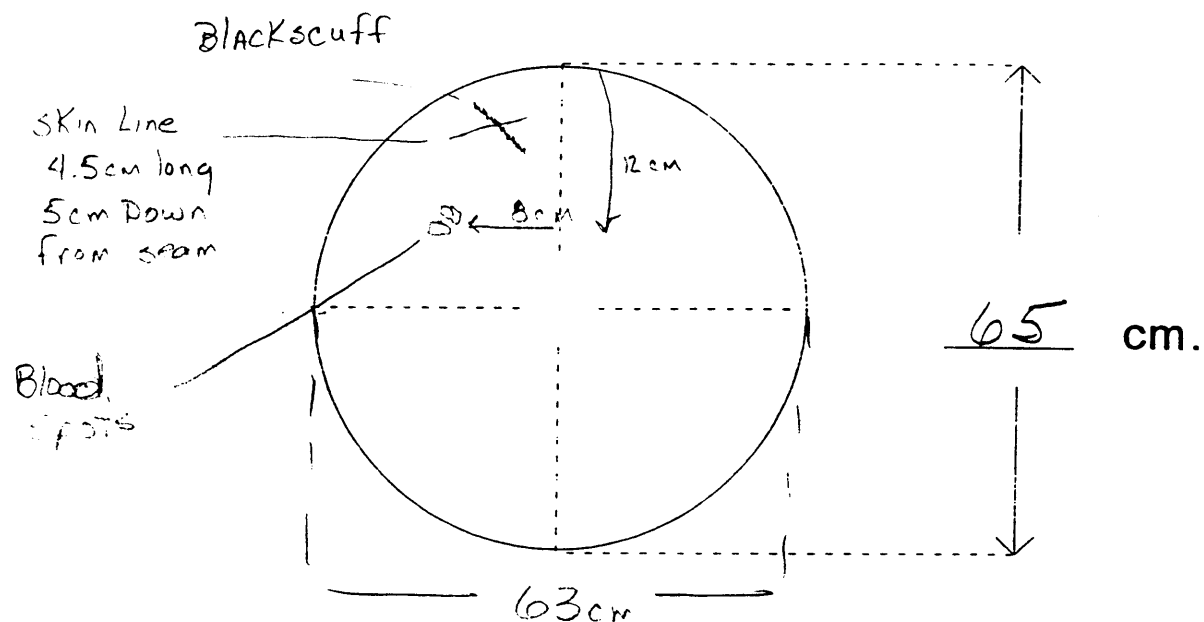
- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

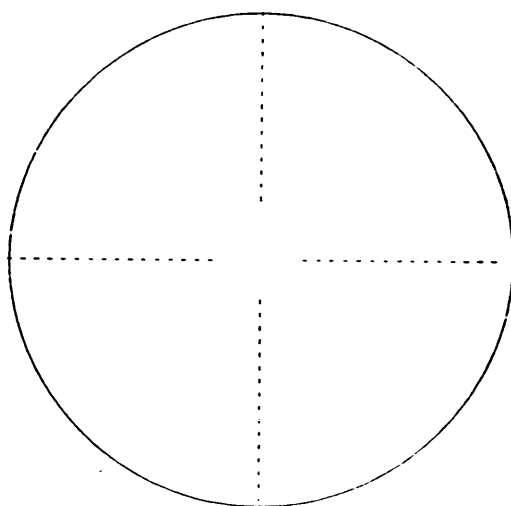
- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



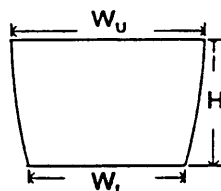
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



Distance
from seat back
(center) to SW Hub
51cm

DRIVER AIR BAG SKETCHES (Cont'd)

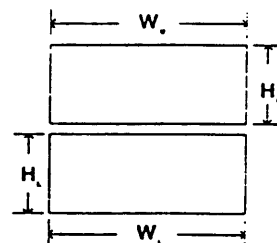
3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____height (H) _____

4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

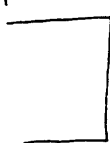
a. Upper Flap

b. Lower Flap

width (W_U) _____ width (W_L) _____height (H_U) _____ height (H_L) _____

5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

3" in.
7.5cm



11.5cm
4.5" in

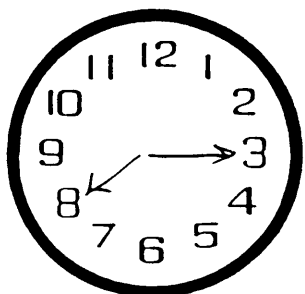
Both flaps same size

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

Left cover is
not completely
torn open

4cm left unopen / torn open
during deployment.

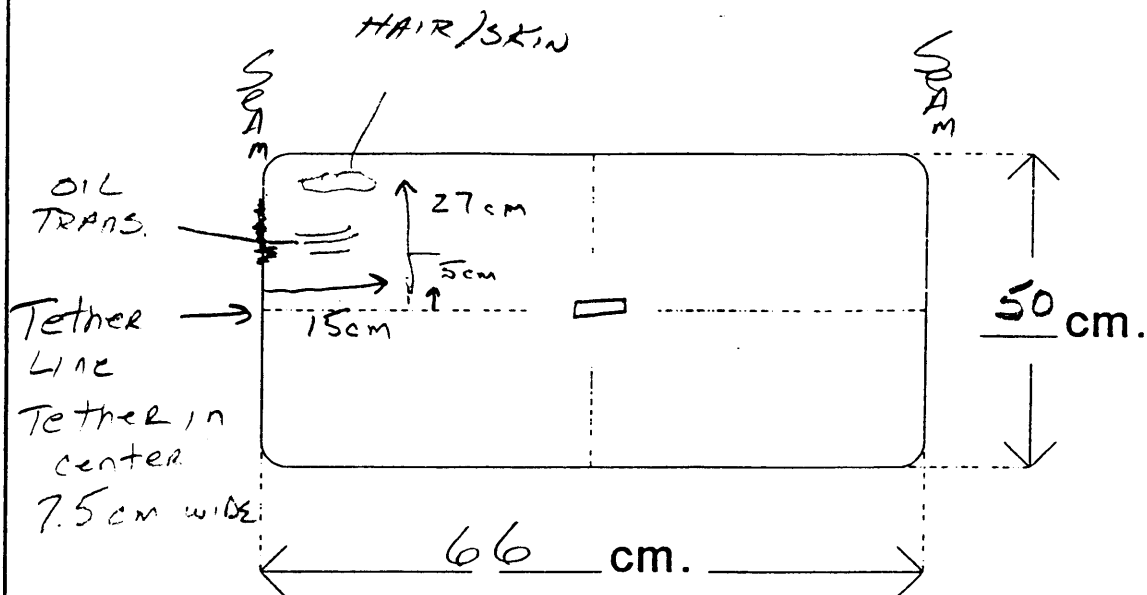
7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



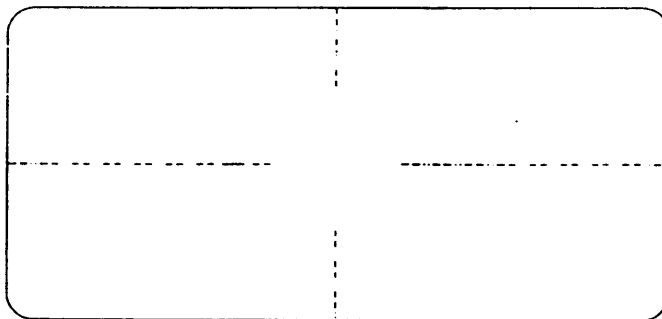
Both
vent Hole
DIAM 3cm

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



Dist. from Leading
edge of Dash to
deployment door 1 cm

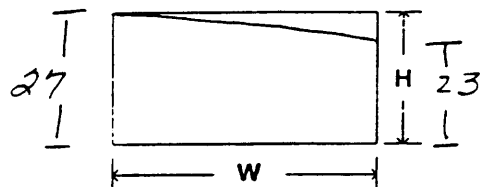
Distance
from seatback
(center) to DASH
77 cm

PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) 39

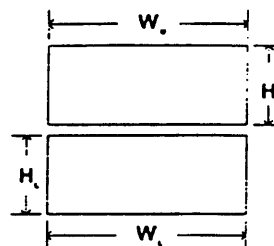
height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

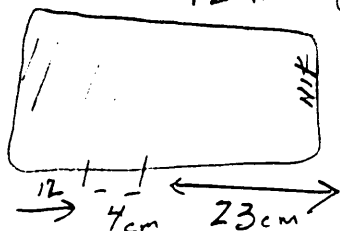
a. Upper Flap

b. Lower Flap

width (W_U) _____width (W_L) _____height (H_U) _____height (H_L) _____

5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

striations / gouges
from WS

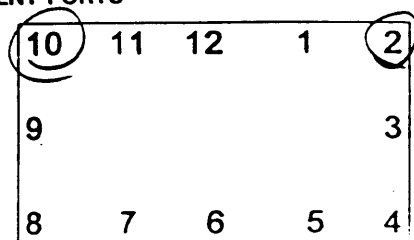


AREA of suspected
contact. SEE photos

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

Lamination
transfers
to cover flap

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



Both vent
DIAMS.
3 cm

TOP mounted
AIR BAG

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	A-Head Restraint Type/Damage	3	0	3
	B-Seat Type	06	06	06
	C-Seat Orientation	1	1	1
	D-Seat Track Position	2	2/3	3
	E-Seat Back Incline Pre/Post Impact	23		23
	F-Seat Performance	1		1
S E C O N D	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	03	03	03
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
T H I R D	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
O T H E R	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

NO child seat present during inspection

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

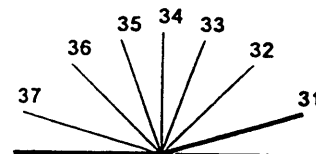
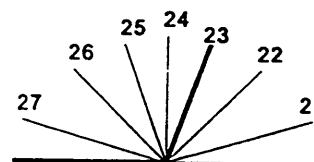
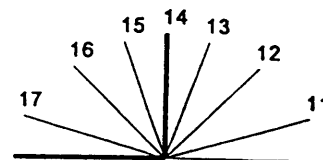
Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes [☐]

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No [☒] Yes [☐]

Describe entrapment mechanism: _____

Component(s): _____

(Note on vehicle interior sketch)

NASS CDS VEHICLE FORMS: VEHICLE #2



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):
Chevrolet
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):
CORVETTE
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1G1LT5116JE
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

30 mph X 1.6093 = _____ kmph

12. Speed Limit

(000) No statutory limit

Code posted or statutory speed limit in kmph
(999) Unknown

55 mph X 1.6093 = _____ kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver
Code actual value (decimal implied
before first digit—0.xx)

- (95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code

- (99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):

- (8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee (84 and after), Dispatcher, Raider, Bronco II, Bronco (76 and before), Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee (83 and before), Ramcharger, Trailduster, Bronco-fullsize (78 and after), fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager (83 and before), E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup (foreign), Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) Unknown type of junction _____

(9) Unknown

20. Trafficway Flow 0
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 2
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 2
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1 *.7 uphill*
 (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 4
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 01
- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see
- Distractions*
- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 14
- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown

32. Critical Precrash Event 62**THIS VEHICLE LOSS OF CONTROL DUE TO:**

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver 06

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 52

(Note: Applicable codes on back of this page)

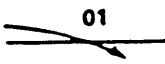

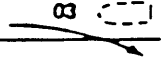
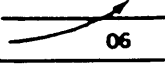
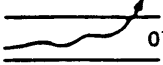
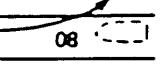
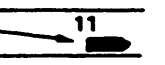
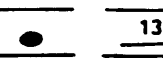

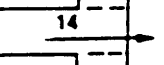
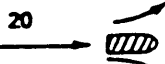
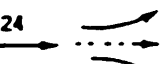
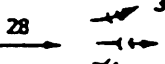
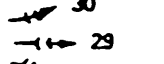

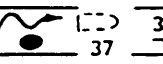
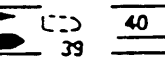
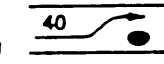

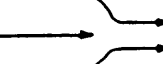

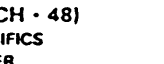
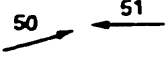
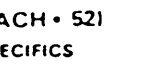

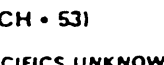
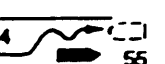
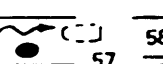
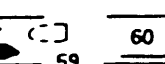
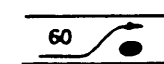

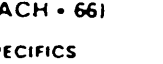

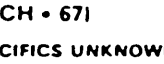
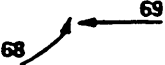



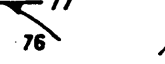


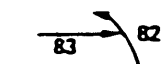
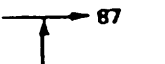
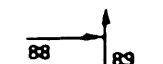

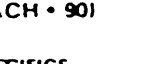
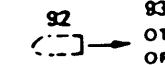

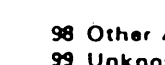
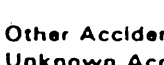
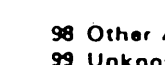
(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 24 SLOWER 25, 26, 27	 28 DECEL. 29, 30, 31	 30 SPECIFICS OTHER	(EACH • 32) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 SPECIFICS OTHER	 46 SPECIFICS OTHER	 48 SPECIFICS OTHER	 49 SPECIFICS OTHER	(EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 SPECIFICS OTHER	 52 SPECIFICS OTHER	 53 SPECIFICS OTHER	(EACH • 52) SPECIFICS OTHER (EACH • 53) SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 SPECIFICS OTHER	 66 SPECIFICS OTHER	 67 SPECIFICS OTHER	(EACH • 66) SPECIFICS OTHER (EACH • 67) SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 SPECIFICS OTHER	 74 SPECIFICS OTHER	(EACH • 74) (EACH • 75) SPECIFICS UNKNOWN
	K Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 81 SPECIFICS OTHER	 83 SPECIFICS OTHER	(EACH • 84) (EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86	 88	 90 SPECIFICS OTHER	 91 SPECIFICS OTHER	(EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH OR OBJECT	 98 Other Accident Type	 99 Unknown Accident Type	 00 No Impact

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 01

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.270
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
2800 lbs X 4536 = 1270 kgs

Source: _____

44. Vehicle Cargo Weight 0.000
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
10 lbs X 4536 = 45 kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 052. Rear Override/Underride (this Vehicle) 0

(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

(1) 1st CDC

(2) 2nd CDC

(3) Other not automated CDC (specify):
_____*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

(4) 1st CDC

(5) 2nd CDC

(6) Other not automated CDC (specify):

(7) Medium/heavy truck or bus override (of any configuration)

(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

(996) Non-horizontal impact

(997) Noncollision

(998) Impact with object

(999) Unknown

53. Heading Angle For This Vehicle 32054. Heading Angle For Other Vehicle 155**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

(0) No towed unit

(1) Yes—towed trailing unit

(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0

(0) No

(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

(0) Not collision (for highest delta V) with tree or pole

(1) Not damaged

(2) Cracked/sheared

(3) Tilted <45 degrees

(4) Tilted ≥45 degrees

(5) Uprooted tree

(6) Separated pole from base

(7) Pole replaced

(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 01

(00) No vehicle inspection

Delta V Calculated

(01) Reconstruction program-damage only routine

(02) Reconstruction program-damage and trajectory routine

(03) Missing vehicle algorithm

Delta V Not Calculated

(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

(05) Rollover

(06) Other non-horizontal forces

(07) Sideswipe type damage

(08) Severe override

(09) Yielding object

(10) Overlapping damage

(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

_____(98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

0 2 323 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

+ 0 2 2- 22 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: _000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V

Highest

+ 0 0 4- 4 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: _000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption

Highest

0 3 0 . 8 0 030,781 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

9 9 8 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

3

- (0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

0 2 423.7 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
66. Estimated Highest Delta V (Researcher Determined) <u>0</u> (0) Reconstruction Delta V coded <i>Estimated Delta V</i> (1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph <i>Other estimates of damage severity</i> (6) Minor (7) Moderate (8) Severe (9) Unknown	67. Type of Vehicle Inspection <u>3</u> (0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): _____ (3) Complete inspection DELTA V EVENT NUMBER 68. Delta V Event Number <u>1</u> _____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle (99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

VEHICLE IDENTIFICATION

LOCATOR

CRUSH PROFILE IN CENTIMETERS

Use as many lines/columns as necessary to describe each damage profile.

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 103.4 inches x 2.54 = 262.6 cm
 Overall Length 183.4 inches x 2.54 = 465.8 cm
 Maximum Width 68.0 inches x 2.54 = 172.7 cm
 Curb Weight 2,800 pounds x 0.4536 = 1,270.1 kg
 Average Track 55.6 55.1 55.35 inches x 2.54 = 140.6 cm
 Front Overhang _____ inches x 2.54 = _____ cm
 Rear Overhang _____ inches x 2.54 = _____ cm
 Undeformed End Width _____ inches x 2.54 = _____ cm
 Engine Size: cyl/disl. _____ cc x 0.001 = 2.0 L
 L-4 5-Passenger 121 CID x 0.0164 = 2.0 L

[REDACTED] 2,520 Automatic
 Weight, 5-speed 100
 Manual 2,620

[REDACTED]
 Weight, unspecified 2,800
 Transmission

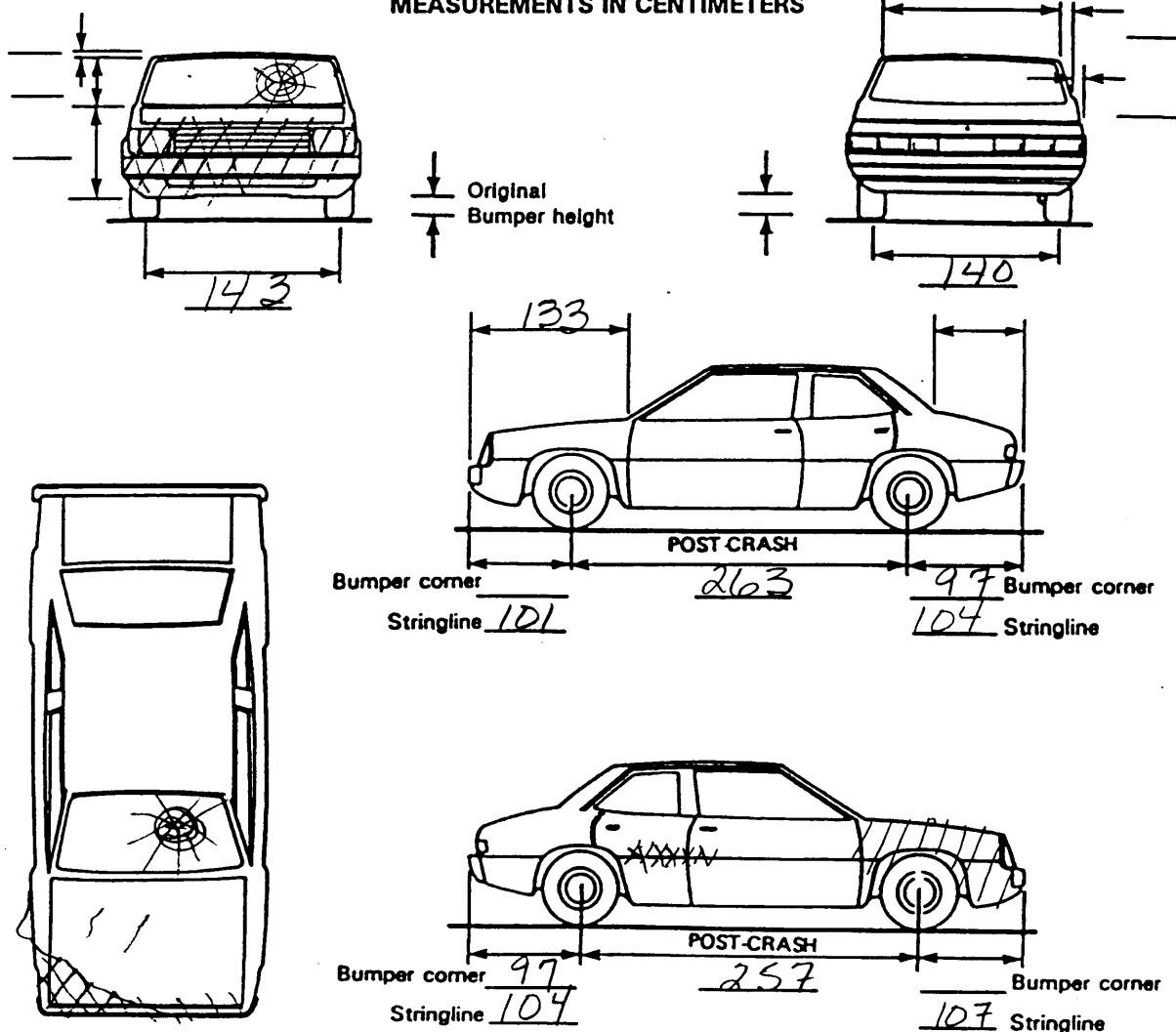
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify} Color: {specify} Gray Repair Cost: \$
 Transmission: {circle} Automatic | Manual Speed: 3-speed | 4-speed | 5-speed | Other:
 Steering: {circle} Power-assisted | Manual Type: rack-and-pinion | worm-and-gear | Other
 {please describe}:
 Brakes: {circle} Power-assisted | Manual Type: 4-wheel disc | 4-wheel drum | 4-wheel hydraulic
 | front disc, rear drum | Other:
 Observed Defects: {specify}
 Fleet Type: {circle} Private vehicle | Rental vehicle | Leased vehicle | Commercial vehicle | Other
 {please describe}:

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.	ORIGINAL SPECIFICATIONS Wheelbase <u>263</u> cm Overall Length <u>466</u> cm Maximum Width <u>173</u> cm Curb Weight <u>1,270</u> kg Average Track <u>141</u> cm Front Overhang <u>99</u> cm Rear Overhang <u>104</u> cm Undeformed End Width <u>136</u> cm Engine Size: cyl./displ. <u>V4 2</u> L	WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± ____ ° LF ± ____ ° RR ± ____ ° LR ± ____ ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight ____ kg

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CHEVROLET Division:

Type of Body Pass. Cap.	Model	O'r-all Length	Ship. Wt.	Cu. Ft. Vol.	Factory List Pr.	Del'd Pr.
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1988

CHEVROLET CAMARO, Rear Wheel Drive; 101.0" W.B.; V-6, 2.8 L. (173) MFI Gas Eng. (L88)
Bore & Stroke 3.50"x2.99"; Tax. H.P. 29.4; P.D. 173 cu. in., 2.8 Liter

4-Ps. 2-dr. Sport Cpe., 5-Sp. Man. 1FP87	192.0"	2,975	407.0	\$10,995.00	\$10,995.00
4-Ps. 2-dr. Sp. Cp., 5-Sp. M. 1FP87/Z28	192.0"	3,149	407.0	13,490.00	13,490.00
4-Ps. 2-dr. Con. Cp., 5-Sp. M. 1FP87/Z28	192.0"	3,270	407.0	16,255.00	16,255.00
4-Ps. 2-dr. Conv. Cpe., 5-Sp. M. Z28/Z08	192.0"	3,272	407.0	18,015.00	18,015.00

Optional Equip.: Engines: V-8, 5.0 L. (305) Gas (LB9), \$400; V-8, 5.0 L. (305) Gas (L03), \$745; -8, 5.7 L. (350) Gas (L98), \$1045; Transmissions: Auto. w/O.D. (MX0), \$490; Power Seat, 6-way, in pkg. only; Power Door Locks, all models; Power Windows, \$210; Roof Hatch, Std.; Defogger, R/Window, all models; Air Conditioning, \$775; Power Brakes, Std.; Cruise Control, all models except LB8; Tilt Wheel, all models; Radio, AM/FM w/Tape Deck, Opt.

CHEVROLET MONTE CARLO, RWD, Gas Eng., V-6, 4.3 L. (282) (LB4), EFI
Bore & Stroke 4.00"x3.48"; Tax. H.P., 38.4; P.D. 262 cu. in., 4.3 Liter

MONTE CARLO—108" W.B.; Rear Wheel Drive; Chevy Auto. Trans.

6-Ps. 2-dr. LS Spt. Cpe., Aut. Tr. 1GZ37	200.4"	3,118	453.0	\$12,330.00	\$12,330.00
6-Ps. 2-dr. SS Cpe., Aut. Tr. 1GZ37/Z65	202.4"	3,286	462.0	14,320.00	14,320.00

Optional Equip.: Engines: V-8, 5.0 L. (305) 4ME (LB4) \$440; SS-V-8, 5.0 L. (305) 4ME (L69) \$ NA; Manual Control, \$ NA; Air Conditioning, \$775; 6-Way Power Seat, \$240; Power Door Locks, \$ NA; Power Windows, \$210; Glass Roof, \$ NA; Speed Control, \$ NA; Defogger, \$ NA.

CHEVROLET CAPRICE—Rear Wheel Drive, 116.0" W.B.; Gas Eng., V-6, 4.3 L. (262) EFI (LB4)
Bore & Stroke 4.00"x3.48"; Tax. H.P. 38.4; P.D. 262 cu. in., 4.3 Liter

CAPRICE—116.0" w.b., RWD, Auto. Trans.

6-Ps. 4-dr. Sedan 1BL69	212.2"	3,406	522.0	\$12,030.00	\$12,030.00
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CAPRICE CLASSIC—116.0" w.b., RWD, Auto. Trans.

6-Ps. 4-dr. Sedan 1BN69	212.8"	3,355	524.0	\$12,575.00	\$12,575.00
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CLASSIC STATION WAGON—116.0" w.b., RWD, Auto. Trans., V-8 5.0 L. (307) 4-bbl. (LV2)

8-Ps. 4-dr. Station Wagon, 3-st. 1BN35	215.7"	4,041	576.0	\$14,340.00	\$14,340.00
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CAPRICE CLASSIC BROUGHAM—116.0" w.b., RWD, Auto. Trans., V-8 4.3 L. (262) EFI Gas

6-Ps. 4-dr. Sedan 1BU69	212.8"	3,470	524.0	\$13,645.00	\$13,645.00
6-Ps. 4-dr. LS Sedan 1BU69/B6N	212.8"	3,478	524.0	14,820.00	14,820.00

Optional Equip.: Engines: 5.0 L. V-8 (305) 4-bbl. Gas (42 lbs.), \$440; 5.0 L. V-8 (307) 4-bbl., \$ NA; 5.7 L. V-8 (350) 4-bbl. (72.6 lbs.), \$ NA; Transmission: 4-Spd. Auto. (3 lbs.), Std.; Power Front Seat (5), \$240; Power Door Lock, \$ NA; Power Window, \$285; Power Tailgate, \$ NA; Defogger, \$ NA; Air Conditioning, \$775 (Std. on Station Wagon); Tilt Wheel, \$ NA; Radio: AM/FM Stereo, \$ NA; w/Tape Deck, \$ NA; Roof Carrier, \$ NA

CORVETTE SERIES Gas Eng., 5.7 L. V-8 (350) (198) TPI; Sept., 1987
Bore & Stroke 4.00"x3.48"; Tax. H.P. 51.2; P.D. 350 cu. in., 5.7 L.

Corvette—96.2" w.b., 4-Spd. Man. Trans.

2-Ps. 2-dr. Hatchback Coupe 1YY07	176.5"	3,125	339.0	\$29,480.00	\$29,480.00
2-Ps. 2-Dr. Convertible Coupe 1YY67	176.5"	3,199	339.0	34,820.00	34,820.00

1988 Corvette Optional Equip.: Transmission: 4-spd. Auto. w/O.D., \$ Std.; Air Conditioning, \$ Std.; Delco/Boss Radio: w/Tape Deck, \$ NA; Defogger System, \$ NA; Power Seat, \$240.

CHEVROLET CORSSICA SERIES, Front Wheel Drive; Gas Eng. 2.0 L. L-4 Cyl. (121) EFI (LL8), 5-Spd. Man. Trans., Sept., 1987
Bore & Stroke 3.50"x3.15"; Tax. H.P. 19.6; P.D. 121 cu. in., 2.0 Liter, W.B. 103.4"

5-Ps. 4-dr. Notchback Sedan 1TL69	183.4"	2,520	407.0	\$9,555.00	\$9,555.00
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Optional Equip.: Engine: 2.8 L. 6-Cyl. (173) MFI (LB6); H.P. 29.4, \$660; Auto. Trans. (MX1), \$490; Power Door Locks, \$ NA; Power Windows, \$285 for 4-dr. Sdn., \$210 for 2-dr. Coupe; Air Conditioning, \$750; Elect. Speed Control, \$ NA; Tilt Wheel, \$ NA; Radio: AM/FM, \$ NA; w/Tape Deck, \$ NA; Luggage Rack, \$ NA.

CHEVROLET BERETTA SERIES: Front Wheel Drive; Gas Eng.: 2.0 L. L-4 Cyl. (121) EFI (LL8), 5-spd. Man. Trans., Sept., 1987
Bore & Stroke 3.50"x3.15"; Tax. H.P. 19.6; P.D. 121 cu. in., 2.0 Liter, 103.4" w.b.

CHEVROLET BERETTA

5-Ps. 2-dr. Notchback Coupe 1LV37	187.2"	2,540	409.0	\$10,135.00	\$10,135.00
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Optional Equip.: Engine: 2.8 L. V-6 Gas (173) MFI (LB6) 29.4 H.P., \$660; Auto. Trans.: (MD9), \$490; Air Conditioning, \$750; Power Door Locks, \$ NA; Power Windows, \$210; Tilt Wheel, \$ NA; Radio: AM/FM, \$ NA; w/Tape Deck, \$ NA; Power Disc Brakes, \$ Std.; Power Steering, \$ Std.

1989

(Aug. 12, 1988)

SPECTRUM Series, 94.5" w.b., 1.5 L. (90) 2-bbl. Gas Eng., 5-Spd. Manual Trans.
Bore & Stroke 3.83"x3.11"; Tax. H.P. 14.89; P.D. 90 cu. in., 1.5 L.

SPECTRUM—Front Wheel Drive, 94.5" w.b.

4-Ps. 4-dr. Notchback Sedan 1RG69	160.2"	1,922	301.0	\$7,795.00	\$8,110.00
2-Ps. 2-dr. Hatchback Coupe 1RF77	160.2"	1,896	301.0	7,295.00	7,610.00

SPECTRUM Options: Air Conditioning, \$660.

CAMALIER—Front Wheel Drive, 101.2" w.b., 2.0 L., L4 Cyl. (121) EFI Gas Eng. (LL8) 5-Spd. Manual Trans.
Bore & Stroke 3.50"x3.15"; Tax. H.P. 19.6; P.D. 121 cu. in., 2.0 L.

5-Ps. 2-dr. VL Coupe (WV9) 1JC37	174.5"	2,321	347.0	\$7,395.00	\$7,820.00
5-Ps. 2-dr. Coupe 1JC37	174.5"	2,327	347.0	8,395.00	8,820.00
5-Ps. 4-dr. Station Wagon 1JC35	177.9"	2,399	368.0	8,975.00	9,400.00
5-Ps. 4-dr. Sedan 1JC69	174.5"	2,342	357.0	8,595.00	9,020.00

CAMALIER Options: 2.8 L. V6, MFI Gas Eng., \$660.

CODES FOR OBJECT CONTACTED

(57) Fence

(58) Wall

- (59) Building**

- (60) Ditch or culvert

- (61) Ground

- (62) Fire hydrant

- (63) Curb**

- (64) Bridge**

- (68) Other fixed object (specify):

- (36) Noncollision injury**

- (38) Other noncollision (specify):

- (69) Unknown fixed object

- (39) Noncollision — details unknown**

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport

- (41) Tree (≤ 10 cm in diameter)**

- (71) Medium/heavy truck or bus not in-transport**

- (42) Tree (> 10 cm in diameter)**

- (72) Pedestrian**

- (43) Shrubbery or bush**

- (73) Cyclist or cycle**

- (44) Embankment**

- (74) Other nonmotorist or conveyance

- (45) Breakaway pole or post (any diameter)**

- (75) Vehicle occupant

- (76) Animal**

- (77) Train**

Nonbreakaway Pole or Post

- (78) Trailer, disconnected in transport

- (50) Pole or post (≤ 10 cm in diameter)**

- (79) Object fell from vehicle in-transport**

- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)

- (88) Other nonfixed object (specify):

- (52) Pole or post (> 30 cm in diameter)

- (89) Unknown nonfixed object

- (53) Pole or post (diameter unknown)

- (98) Other event (specify):

- (54) Concrete traffic barrier**

- (55) Impact attenuator**

- (99) Unknown event or object

- (56) Other traffic barrier (includes guardrail)
(specify):

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>12</u>	7. <u>F</u>	8. <u>Z</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
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CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>136</u>	<u>000</u>	<u>002</u>	<u>011</u>	<u>015</u>	<u>024</u>	<u>036</u>	<u>⊕ 042</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

136

27. Direct Damage Width

(For highest severity impact)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

051

28. Original Wheelbase

_____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

263

29. Original Average Track Width

_____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

141

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File?

- (0) No
(1) Yes

31. Researcher's Assessment of Vehicle
Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle)
on left side plane
(3) Aft of center of the rear wheels (rear axle)
on right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear
axle) on left side plane
(7) Over the center of the rear wheels (rear
axle) on right side plane
(8) Other (specify): _____
(9) Unknown

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown

FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

34. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

43. Leakage Location of Fuel System-1 144. Leakage Location of Fuel System-2 0

- (0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage

- (2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

45. Fuel Type-1 0146. Fuel Type-2 00*Single Fuel Type*

- (00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

- (10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0

(0) No (one or two tanks only)

Yes - More Than Two Tanks

- (1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 = 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 220. BL 2 21. Roof 0 22. Other 0

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 228. BL 1 29. Roof 0 30. Other 0

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 136. BL 1 37. Roof 0 38. Other 0

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 3 40. LF 1 41. RF 1 42. LR 1 43. RR 144. BL 1 45. Roof 0 46. Other 0

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE

—

DAMAGE VALUE

=

DEFORMATION

—

=

—

NO DEFORMATION

—

=

—

=

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

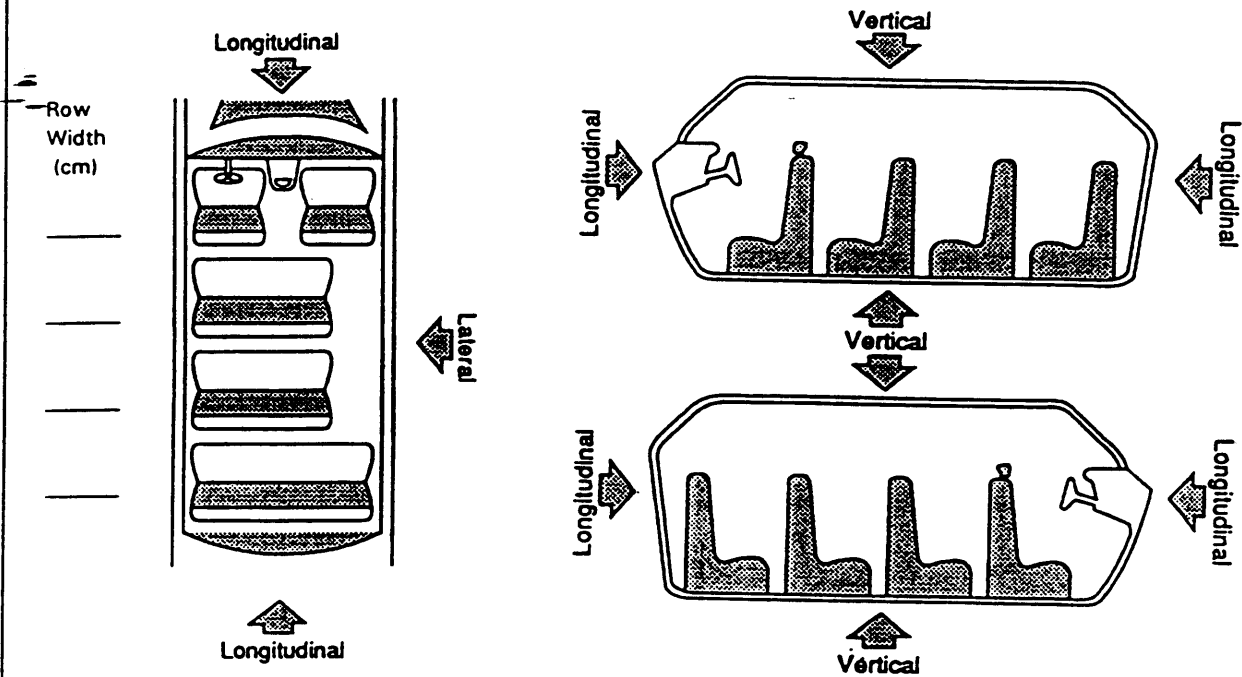
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
		-		=	
		No INTRUSIONS			
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

STEERING COLUMN**INSTRUMENT PANEL**

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____
 (9) Unknown

88. Tilt Steering Column Adjustment

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation

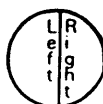
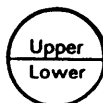
- (00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading

_____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown
144.121 miles X 1.6093 = 231.940 kilometers

Source: ODOM

93. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

*opened,
not due
to impact*

97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed
 (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	0	0
B-Flaps open at tear points?	0	0
C-Flaps damaged?	0	0
D-Air bag damaged?	00	00
E-Source of air bag damage	00	00
F-Air bag tethered?	0	0
G-Air bag have vent ports?	0	0
H-Other occupant contact air bag?	0	0
I-Occupant wearing eyewear?	0	0

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

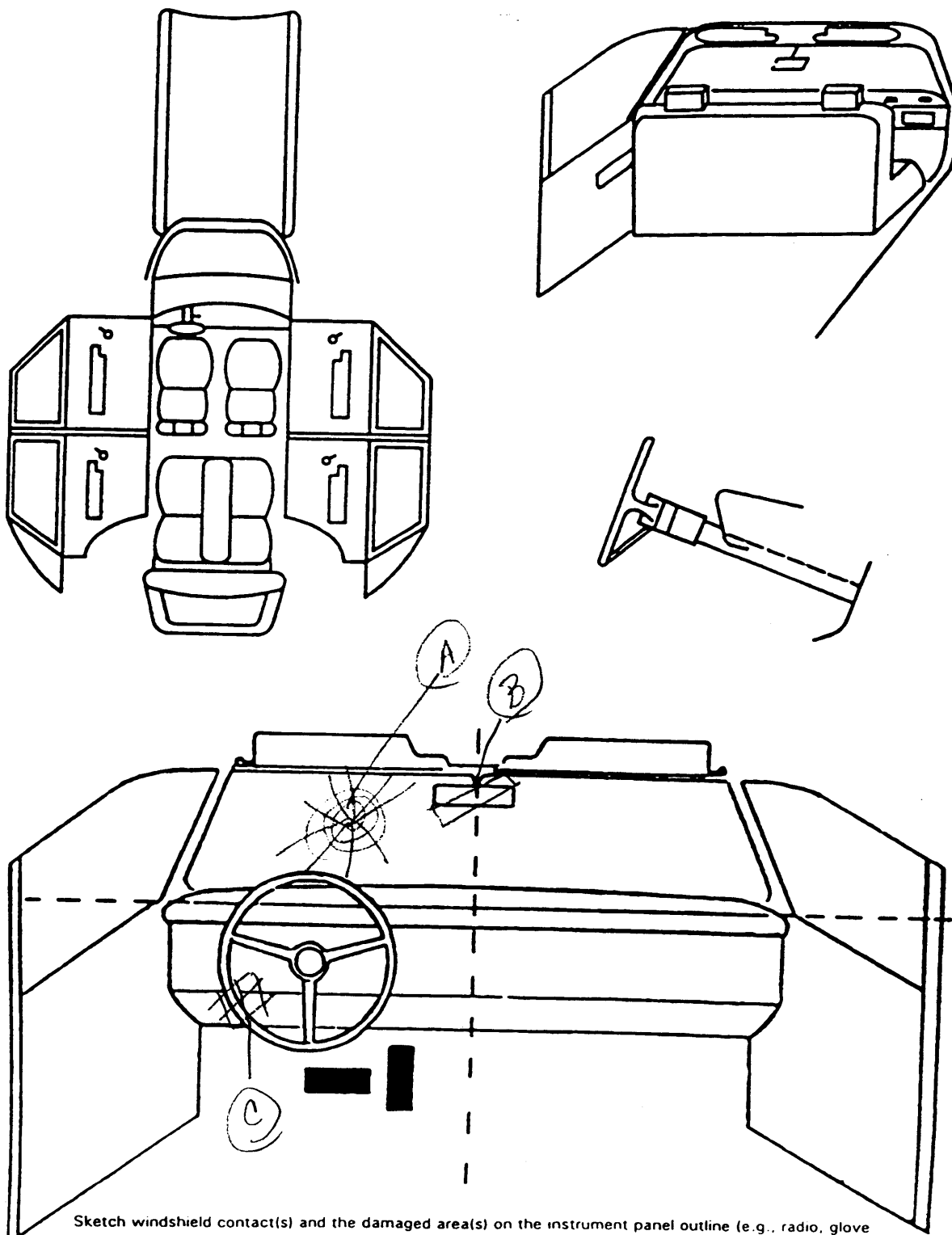
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	001	1	HEAD	SPIDER WEB	1
B	002	1	HEAD	tilted	3
C	010	1	(L) Knee	PLASTIC CRACKED/SCUFF	1
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object. (specify):
 (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify):
 (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function	0	0	
	Deployment	0	0	
	Failure	0	0	

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled
(9) Unknown

Air Bag System Deployment**(This Occupant Position)**

- (0) Not equipped/not available
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, accident sequence undetermined
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Are There Indications of Air Bag**System Failure? (This Occupant Position)**

- (0) Not equipped/not available
(1) No
(2) Yes (specify):

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	0	0
	B-Use	0	0
	C-Type	0	0
	D-Proper Use	0	0
	E-Failure Modes	0	0

A-Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

B-Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

C-Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

- (9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

- (6) Broken retractor

- (7) Combination of above (specify):

- (8) Other automatic belt failure (specify):

- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4		4
	B-Evidence of usage	04		04
	C-Used in this crash?	00		00
	D-Proper Use	0		0
	E-Failure Modes	0		0
	F-Anchorage Adjustment	1		1
SECOND	A-Availability	4	3	4
	B-Evidence of usage	04	00	04
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

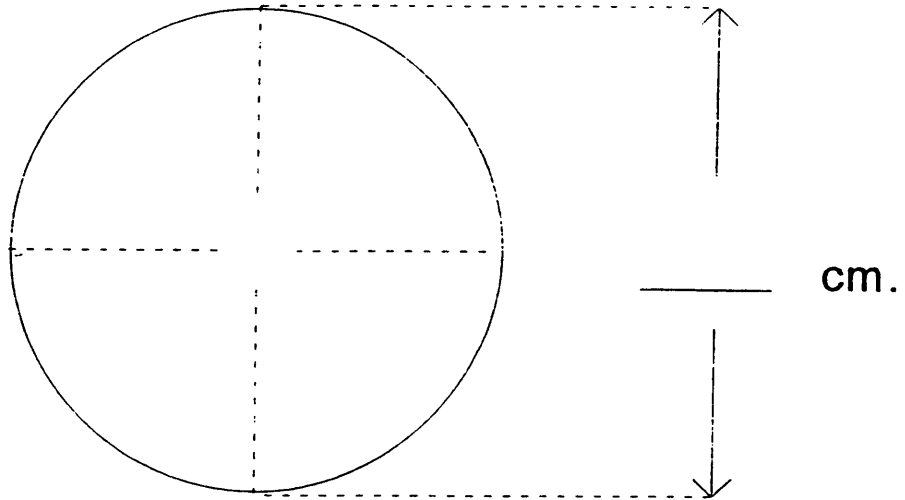
- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

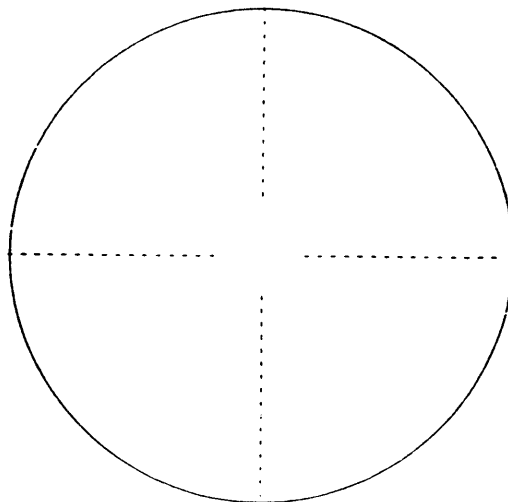
- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

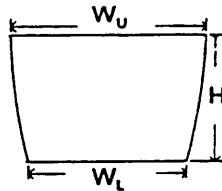


DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____

height (H) _____



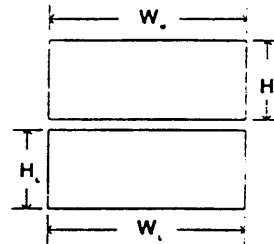
4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_U) _____ width (W_L) _____

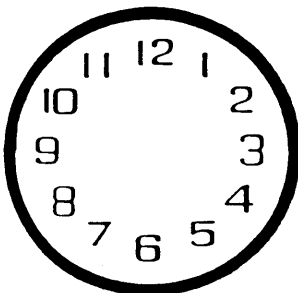
height (H_U) _____ height (H_L) _____

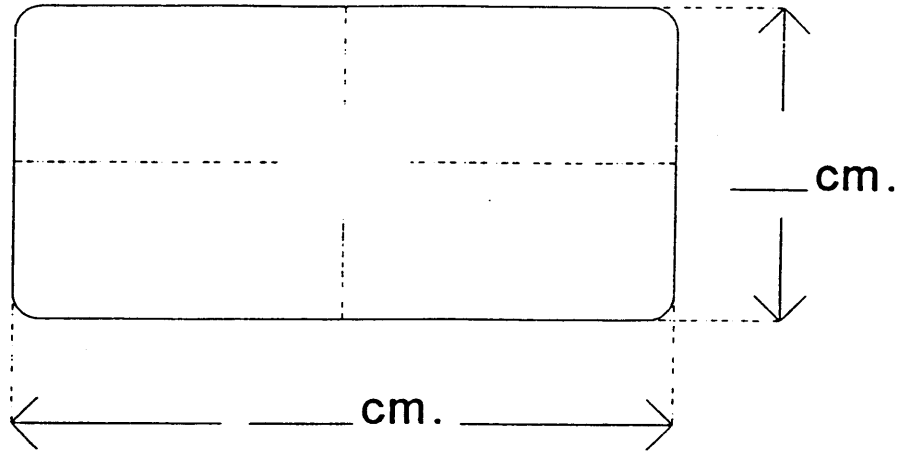
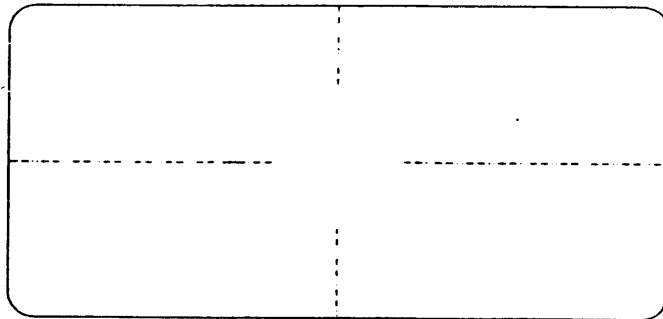


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



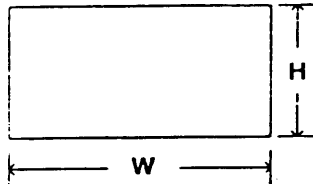
PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

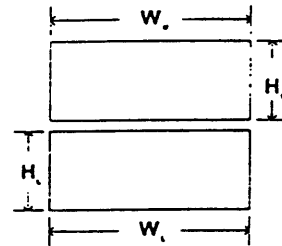
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

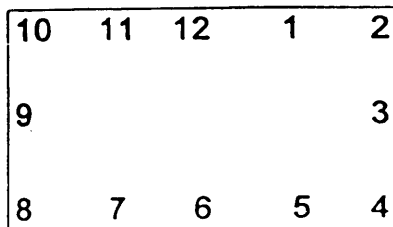
height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	A-Head Restraint Type/Damage	3		3
	B-Seat Type	02		02
	C-Seat Orientation	1		1
	D-Seat Track Position	2		3
	E-Seat Back Incline Pre/Post Impact	14		14
	F-Seat Performance	1		1
S E C O N D	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	03	03	03
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
T H I R D	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
O T H E R	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation		Not Applicable				
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): _____
- (9) Unknown

B-Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

C-Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

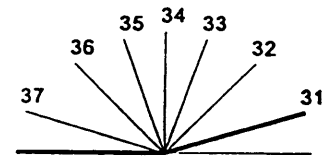
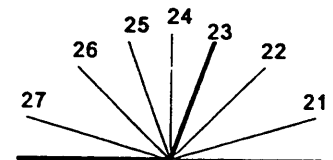
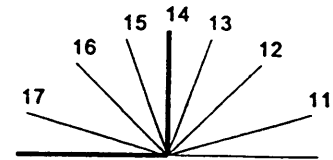
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism:

Component(s):

(Note on vehicle interior sketch)

NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

Interviewee(s) Role or Name(s): _____

2. Case Number - Stratum 9618

DRIVER of CASE VEH

3. Vehicle Number 01

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was on [REDACTED] going so getting
READY to curve East. I saw [REDACTED] and
tried to get out of way

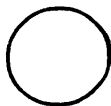
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

unk. if center Arm Rest up or Down.
(Down per on-scene photos.)

[REDACTED] & son [REDACTED]
MORTUARY

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

* ACCORDING to MORTician RF occupant had 4 Top front teeth Knocked out (not broken off) Bottom teeth OK

RF occupant had no injuries from nose upwards on face. All injuries below nose. HAD abrasions to neck primarily from Adams apple to EAR.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend	55 mph.
TRAVEL DIRECTION?	<input type="checkbox"/> North <input checked="" type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)	
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane	
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)	
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)	
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input checked="" type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: <u>curve Ahead</u> <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown	
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown	
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown	
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input checked="" type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): <input type="checkbox"/> Change lanes to left	
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)	
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input checked="" type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right	
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____	
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input checked="" type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown	
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	only 1 impact	

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS
 ☒ NO -- SKIP TO "FIRE DATA" BELOW
 ☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN

☐ On roadway ☐ On shoulder ☐ On roadside or median
☐ Unknown

ROLLOVER CAUSE?

☐ Other vehicle (specify vehicle number) _____
☐ Contact to object (specify): _____
☐ Other cause (specify): _____
☐ Unknown

DIRECTION OF VEHICLE ROLL?

☐ Toward the right (passenger side)
☐ Toward the left (driver side)
☐ End-over-end
☐ Unknown

NUMBER OF TURNS

_____ Number of QUARTER TURNS ☐ Unknown
 _____ Number of COMPLETE TURNS

PLANE IN CONTACT WITH GROUND AT FINAL REST?

☐ Left side ☐ Top
☐ Right side ☐ Wheels
☐ Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS
 ☒ NO -- SKIP THIS SECTION
 ☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...

☐ Under the hood ☐ In the trunk/cargo area
☐ Behind the instrument panel ☐ Under the vehicle
☐ In the passenger compartment ☐ From other involved vehicle
☐ Unknown

FIRE START WITH THE ELECTRICAL SYSTEM?

☐ No ☐ Unknown

☐ Yes (specify): _____

FIRE START WITH THE FUEL SYSTEM?

☐ No ☐ Unknown

☐ Yes -- specify Which part of the fuel system may have been involved?

☐ Fuel tank
☐ Fuel lines
☐ Engine compartment (specify component if known)
☐ Unknown

Describe any additional rollover or fire information here:



ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>95</u> Make: <u>Chevrolet</u> Model: <u>Lumina</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<div style="text-align: center; margin-bottom: 10px;"><i>All up had A/C ON</i></div> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <div style="display: flex; justify-content: space-between; font-size: small;"> "O" = open "C" = Closed </div> <div style="display: flex; justify-content: space-between; font-size: small;"> "P" = partially open "U" = Unknown </div>
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: <i>swim bag</i> Approximate weight - <u>5</u> pounds <i>2.3 kg</i>
VEHICLE MILEAGE	_____ miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Undeveloped <input type="checkbox"/> Other: _____	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> School
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown	
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing	
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown	
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present	
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input checked="" type="checkbox"/> Housewife <input type="checkbox"/> Other: _____	
How long have you driven this vehicle?	Years: _____ Months: <u>1</u>	
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>15-18,000 year</u>	
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road	
Where were you coming from just prior to the crash?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____	
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input checked="" type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: <u>to pool</u>	

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	<i>FR</i>	<i>2</i>
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: <i>(White)</i> Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'3"</u> WEIGHT: <u>190</u> AGE: <u>27</u> DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: <u>42</u> lbs AGE: <u>5</u>  19	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>3'6"</u> WEIGHT: <u>32</u> AGE: <u>3</u> 
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT <div style="text-align: center;">FEET</div> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <div style="text-align: center;">HANDS / ARMS</div> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed <div style="font-size: 2em; margin-left: 100px;">A</div> <div style="font-size: 2em; margin-left: 100px;">F</div>	Indicate all letters that apply and further describe as needed <div style="margin-left: 100px;"><i>Hanging over seat</i></div> <div style="margin-left: 100px;"><i>on Lap?</i></div>	Indicate all letters that apply and further describe as needed <div style="margin-left: 100px;"><i>in car seat.</i></div>

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input checked="" type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		

TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT

☐ Not adjustable ☐ Full up ☐ Between full up and center
☒ Center ☐ Between center and full down
☐ Full down ☐ Unknown

TELESCOPING STEERING COLUMN PRIOR TO IMPACT

☒ Not adjustable ☐ Full back ☐ Between full back and midpoint
☐ Midpoint ☐ Between midpoint and full forward
☐ Full forward ☐ Unknown

Did this vehicle have a cellular phone in it during the crash?

☒ No
☐ Yes - describe type: _____
 (e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
- ☐ Was there a moving object in vehicle (specify):
- ☐ Talking or listening on a cellular phone (specify):
- ☐ Dialing a cellular phone (specify):
- ☐ Adjusting climate control (specify):
- ☐ Adjusting radio, CD or cassette player (specify):
- ☐ Using other device or object in vehicle (specify):
- ☐ Sleepy / asleep (specify):
- ☐ Distracted by outside person, object, or event (specify):
- ☐ Eating or drinking (specify):
- ☐ Smoking related (specify):
- ☐ Other (specify):
- ☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2-point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? (i.e., 3-point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input checked="" type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input checked="" type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input checked="" type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): <i>in child safety seat</i> <input type="checkbox"/> Unknown
Describe any breaks, tears, or failures to any of the seat belts:			

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input checked="" type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input checked="" type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input checked="" type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # <u>2</u>	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

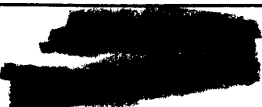
Describe any additional information here:

National Accident Sampling System-Crashworthiness Data System: Interview Form

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # <u>3</u>	OCCUPANT # <u> </u>
MAKE AND MODEL OF THE SAFETY SEAT?		 Booster car seat	
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input checked="" type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input checked="" type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input checked="" type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>w/ other DRIVER</i> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?	[REDACTED]		
RECEIVE ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

National Accident Sampling System-Crashworthiness Data System: Interview Form

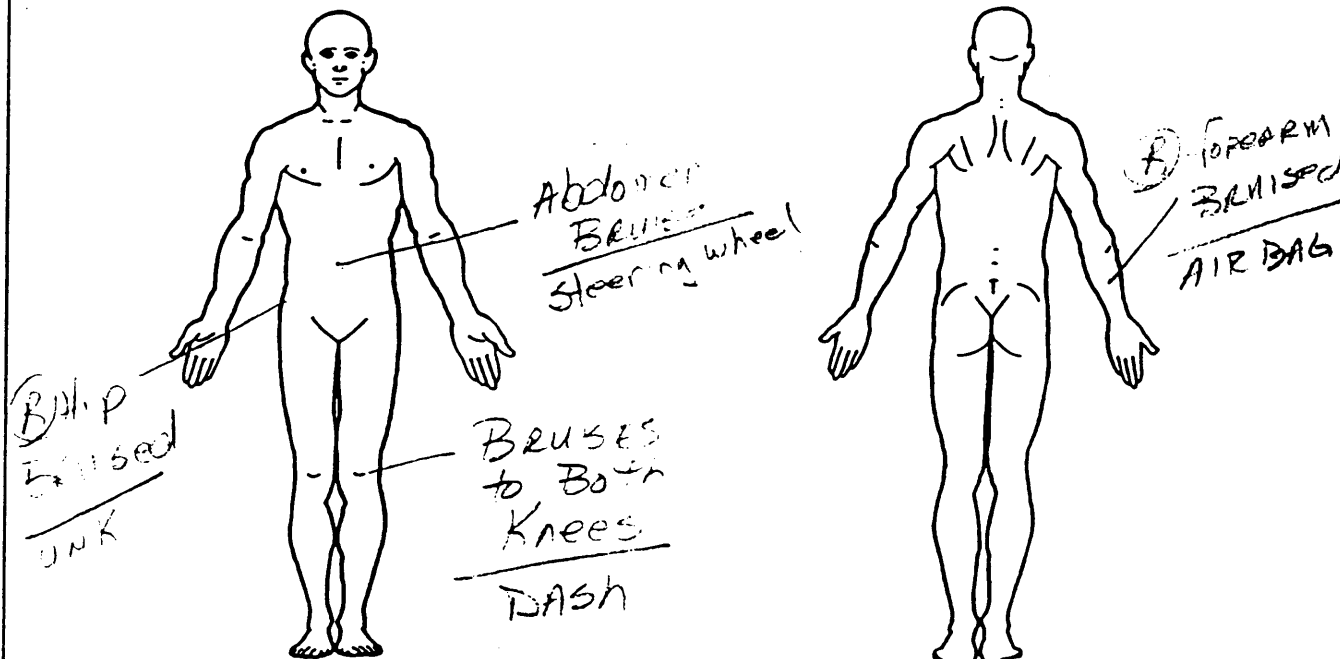
Page 8

PSU Number 10 Case Number—Stratum 9618 Vehicle Number 01 Occupant Number 01

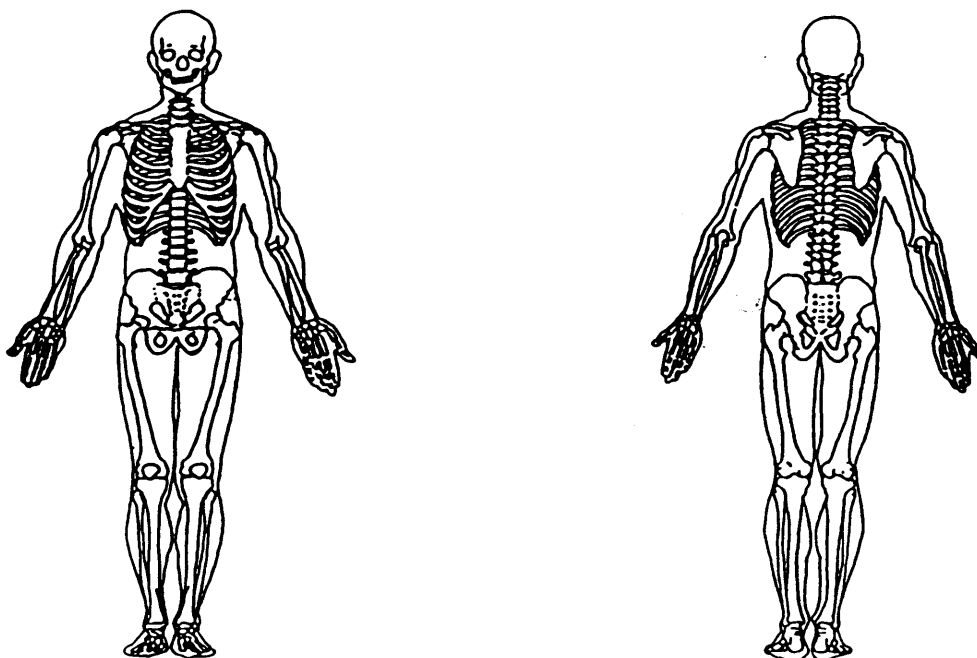
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



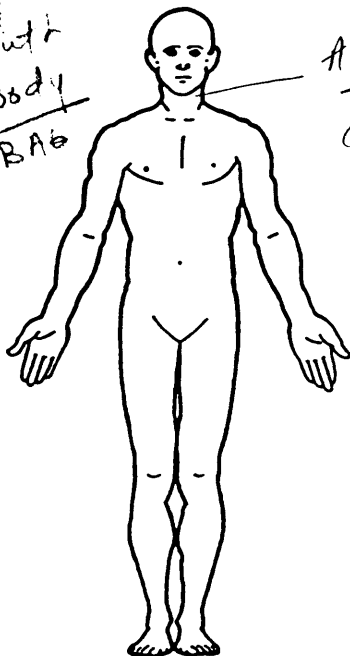
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

National Accident Sampling System-Crashworthiness Data System: Interview Form

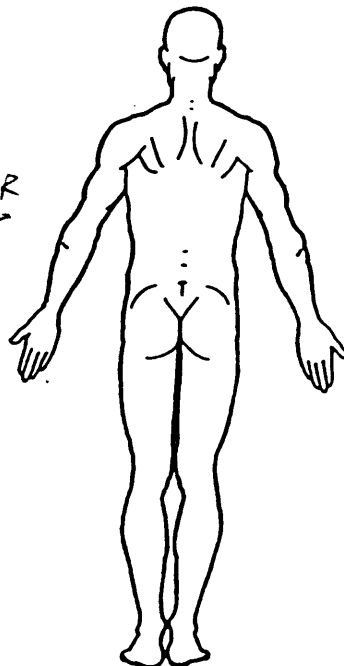
Page 9

PSU Number 10 Case Number—Stratum 9618 Vehicle Number 01 Occupant Number 02

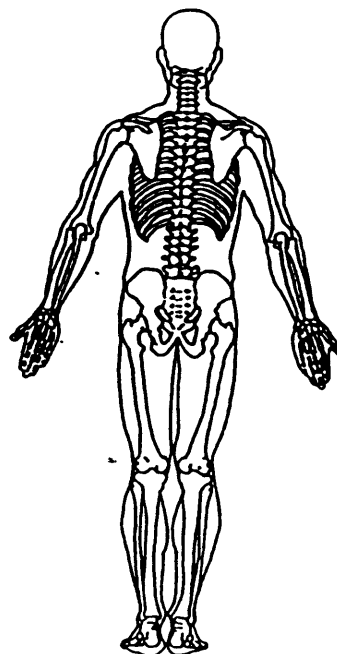
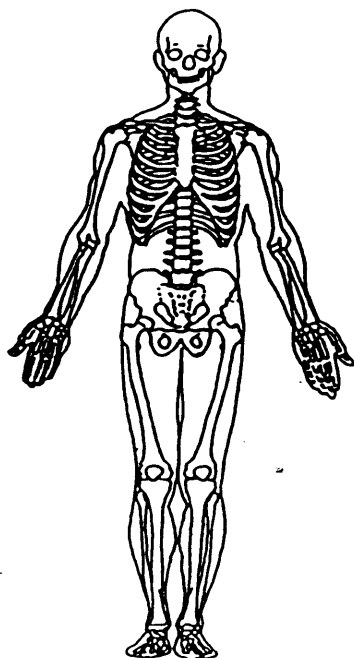
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVERNOSE
mouth
Bloody
AIR BAG

SOFT TISSUE/INTERNAL INJURIES

ABRASIONS
to NECK -
completely
ACROSS IT
purple in color
AIR BAG

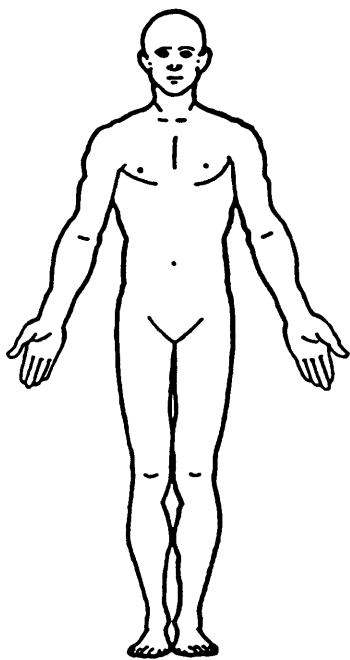
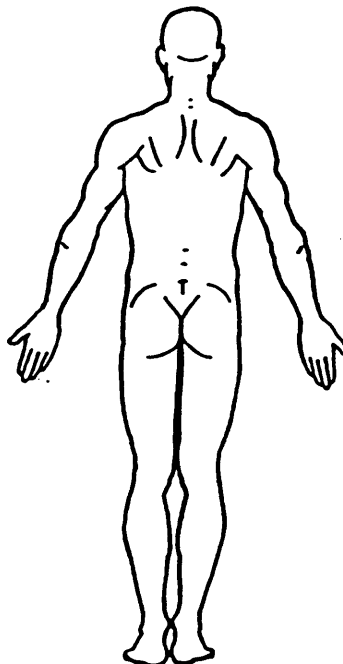
SKELETAL INJURIES



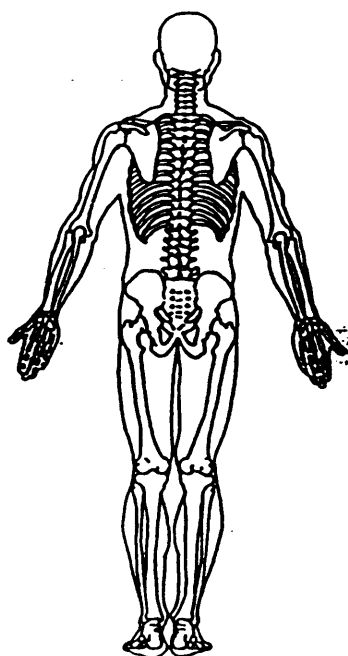
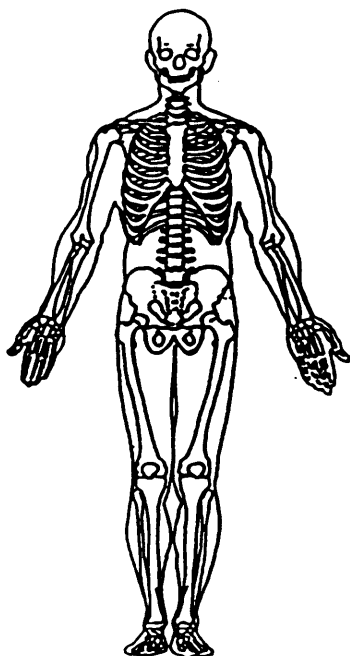
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 9618Vehicle Number 01Occupant Number 03**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES

No
injuries.

SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS INTERVIEW FORM:
VEHICLE #2 DRIVER



U.S. Department of Transportation

National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

Interviewee(s) Role or Name(s):

2. Case Number - Stratum

9618DRIVER V2

3. Vehicle Number

02

Phone number:

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

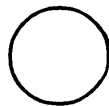
I was W/B coming around curve to go north. And it all happened so quick I didn't have time to think I was on Right side of ROAD and there she was. CURVE is bad I don't like it cause you can't see

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

- Did you happen to notice if/How the 5 yo boy was restrained? I DID not notice
- Did you see the mom pull him out of CAR?
NO I Didn't

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver [] Other occupant [] Relative/friend
TRAVEL DIRECTION?	[] North [] South [] East [] West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 [] 2 [] 3 [] 4 [] Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry [] Wet [] Snow [] Slush [] Ice [] Sand, dirt, oil [] Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions [] Rain [] Fog [] Sleet [] Hail [] Snow [] Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	[] Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) [] Stop sign [] Yield sign [] School zone sign [] Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ [] Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input checked="" type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input checked="" type="checkbox"/> None [] Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input checked="" type="checkbox"/> No traffic control device present [] Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ [] Functioning properly [] Unknown
SPEED BEFORE THE IMPACT? (in mph)	[] Stopped [] 11-20 [] 31-40 [] 51-60 [] 70+ [] 1-10 <input checked="" type="checkbox"/> 21-30 <u>25</u> [] 41-50 [] 61-70 [] Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): <u>Curve Right.</u> <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No [] Unknown [] Yes (describe)
AVOIDANCE ACTIONS?	[] None [] Braking with lock-up [] Accelerating [] Unknown [] Braking without lock-up <input checked="" type="checkbox"/> Steering left [] Other- specify: [] Releasing brakes [] Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane [] Different travel lane [] In intersection [] Off roadway to right [] Off roadway to left [] Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	[] Stopped <input checked="" type="checkbox"/> 11-20 [] 31-40 [] 51-60 [] 70+ [] 1-10 <input checked="" type="checkbox"/> 21-30 [] 41-50 [] 61-70 [] Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	<u>only impact</u>

VEHICLE INFORMATION

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION



YEAR, MAKE AND MODEL?	Year: 19 <u>88</u> Make: <u>Chevrolet</u> Model: <u>Corsica</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input type="checkbox"/> No Check all that apply <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown All others OK
WINDOW PRECRASH STATUS	<input checked="" type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: <u>2 lawn chairs</u> Approximate weight - <u>10</u> pounds <u>4.5 + kg</u>
VEHICLE MILEAGE	_____ miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____ _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Undeveloped <input type="checkbox"/> Other: _____	<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> School
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown	
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing	
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown	
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input checked="" type="checkbox"/> No other traffic present	
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: <u>LABORER</u>	
How long have you driven this vehicle?	Years: <u>2</u>	Months: _____
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>22,000</u>	
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road <u>not any more</u>	
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____	
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input checked="" type="checkbox"/> Other: <u>plu son at Brother's</u>	

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian 160.9 Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'3" WEIGHT: 150 AGE: 32 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A F	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____																																																
BACK UP AGAINST THE SEAT BACK?	<input checked="" type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward																																																		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		

TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT

☒ Not adjustable ☐ Full up ☐ Between full up and center
☐ Center ☐ Between center and full down
☐ Full down ☐ Unknown

TELESCOPING STEERING COLUMN PRIOR TO IMPACT

☒ Not adjustable ☐ Full back ☐ Between full back and midpoint
☐ Midpoint ☐ Between midpoint and full forward
☐ Full forward ☐ Unknown

Did this vehicle have a cellular phone in it during the crash?

☒ No
☐ Yes - describe type: _____
 (e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
- ☐ Was there a moving object in vehicle (specify):
- ☐ Talking or listening on a cellular phone (specify):
- ☐ Dialing a cellular phone (specify):
- ☐ Adjusting climate control (specify):
- ☐ Adjusting radio, CD or cassette player (specify):
- ☐ Using other device or object in vehicle (specify):
- ☐ Sleepy / asleep (specify):
- ☐ Distracted by outside person, object, or event (specify):
- ☐ Eating or drinking (specify):
- ☐ Smoking related (specify):
- ☐ Other (specify):
- ☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown- <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? <i>(i.e., 2-point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? <i>(i.e., 3-point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Describe any breaks, tears, or failures to any of the seat belts:			

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**

[] YES (IF "YES" COMPLETE THIS SECTION)

[X] NO [] UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

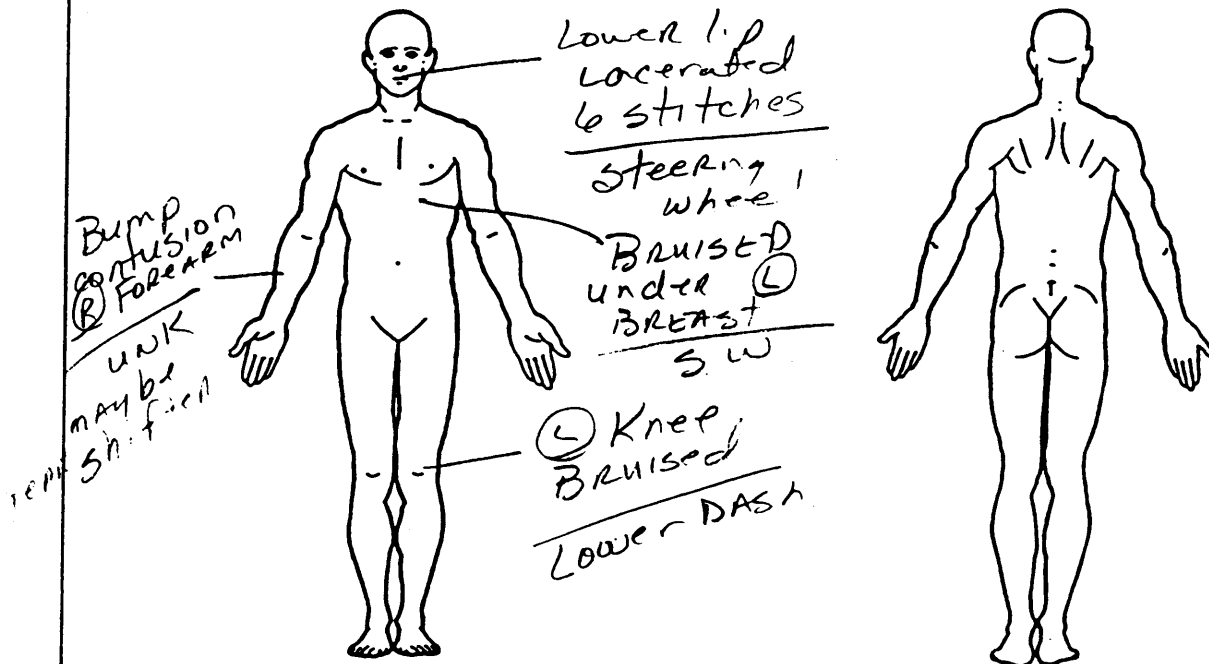
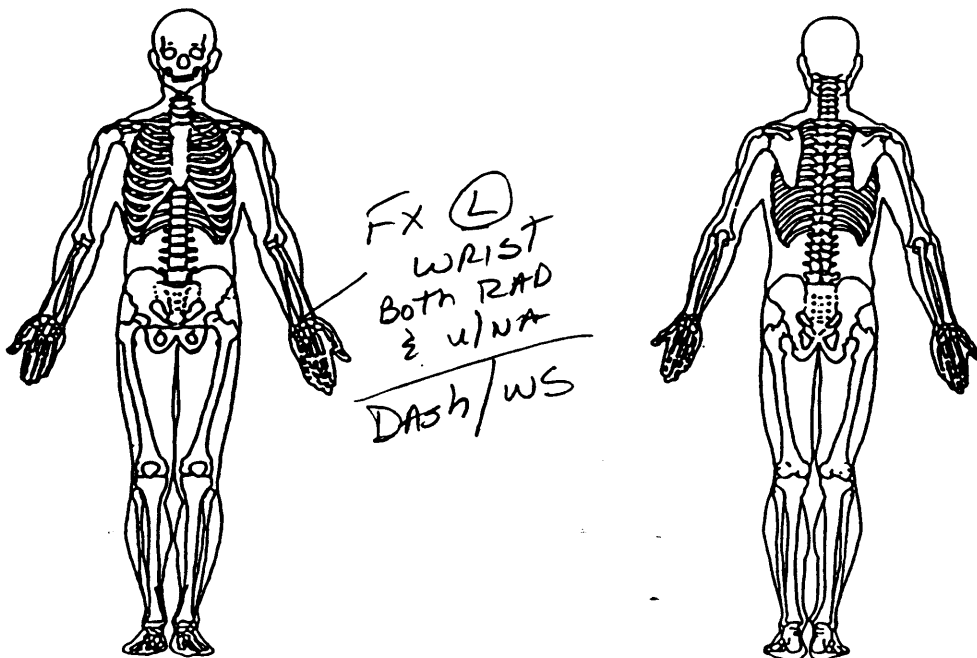
Describe any additional information here:

INJURY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
WERE YOU INJURED? <p>► If "YES" go to manikin page and record injuries in detail</p> <p>► If "NO" ask next questions</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <p>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</p>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <p>(check all that apply)</p>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?	<div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> HOSP		
RECEIVE ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No 106 Hrs <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days 11 And count <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? <p>* If not an in-person interview, make appointment to have release signed</p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10Case Number-Stratum 9618Vehicle Number 02Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**

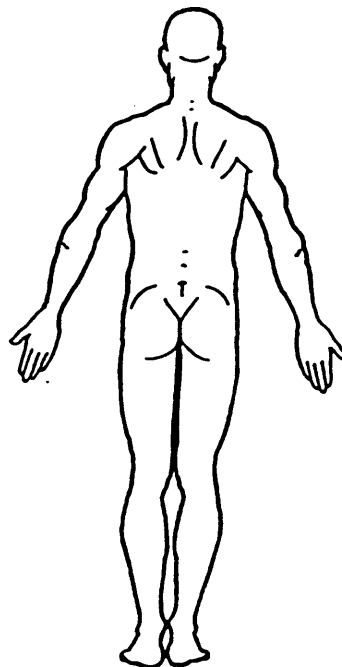
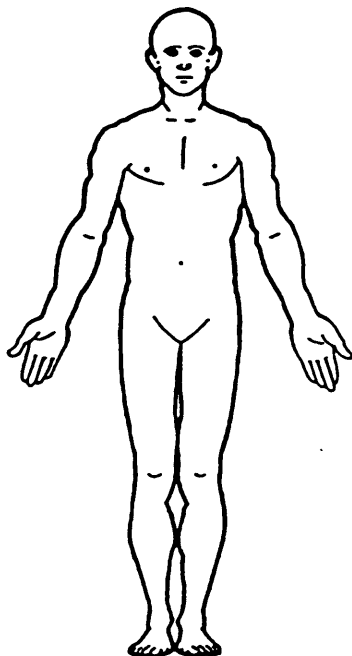
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES**SKELETAL INJURIES**

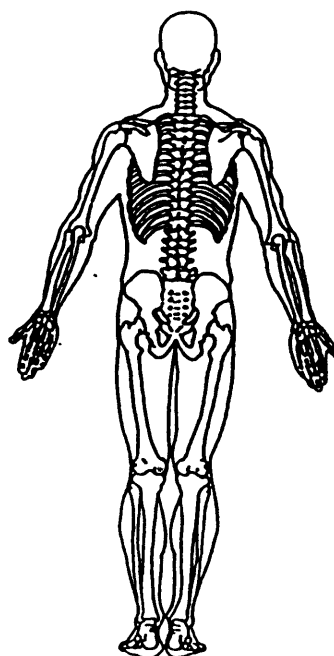
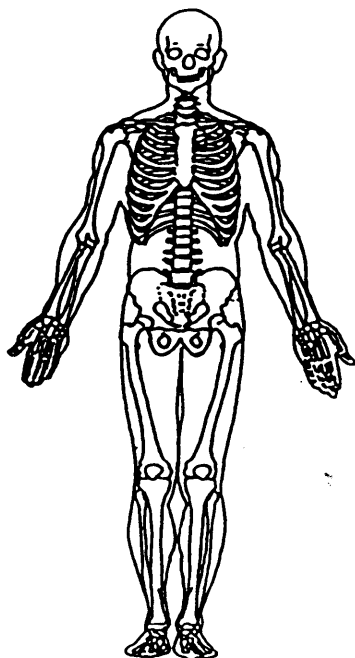
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

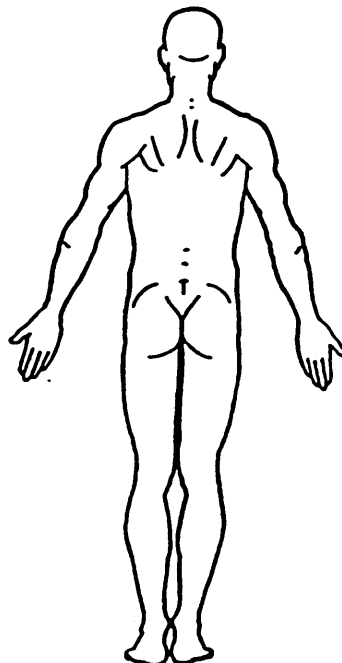
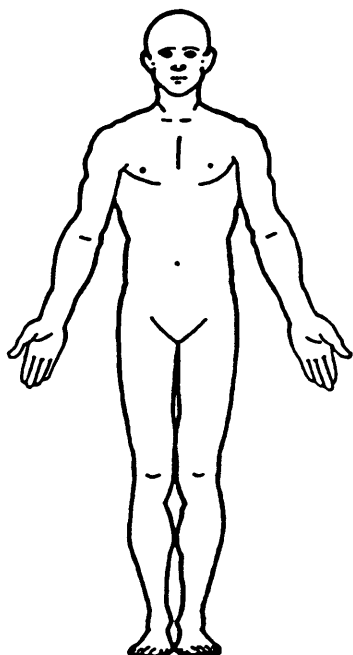
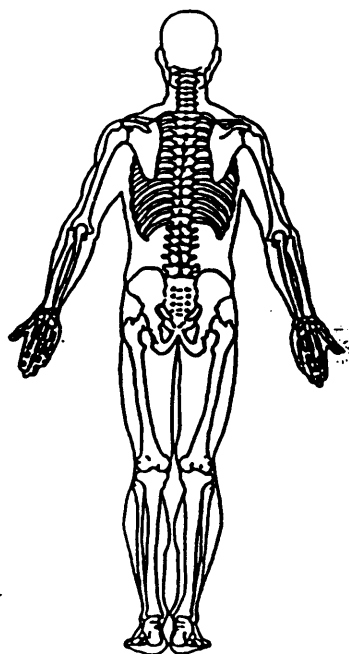
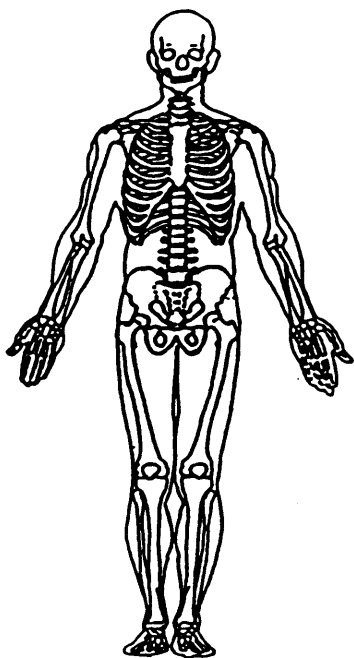
SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



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PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9618
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 27
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 160
Code actual height to the nearest
centimeter.
(999) Unknown

63 inches X 2.54 = 160 centimeters
8. Occupant's Weight 086
Code actual weight to the nearest
kilogram.
(999) Unknown

190 pounds X .4536 = 86.2 kilograms
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown
11. Occupant's Posture 0
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in
front of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

3

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):(9) Unknown21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):(9) Unknown22. Manual Shoulder Belt Upper Anchorage Adjustment 4

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>4</u></p> <p>(0) None used</p> <p>(1) Police did not indicate belt use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Automatic belt</p> <p>(8) Other type belt, (specify):</p> <p>(9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify):</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p>
<p>29. Police Reported Air Bag Availability/Function <u>1</u></p> <p>(0) No air bag available</p> <p>(1) Police did not indicate air bag availability/function</p> <p>(2) Deployed</p> <p>(3) Not deployed</p> <p>(4) Unknown if deployed</p> <p>(9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Vehicle inspection</p> <p><input type="checkbox"/> Official injury data</p> <p><input type="checkbox"/> Driver/occupant interview</p> <p><input type="checkbox"/> Other (specify):</p> <p><input type="checkbox"/> Unknown if belt used</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify):</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p><i>Specify type of "other" air bag present:</i></p>
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>0</u></p> <p>(0) Not equipped with an "other" air bag</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify):</p> <p>(9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of + 018

Delta V For Air Bag Deployment Impact

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 1

- (0) Not equipped/not available
(1) No ⓐ cover flap didn't completely open
(2) Yes ⓑ opened correctly
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 01
- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 1
- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
- (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

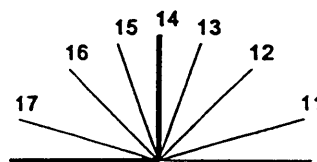
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 06
- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2
- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track**
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 1 4

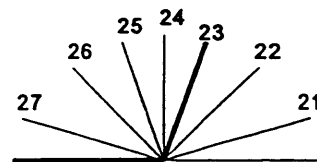
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

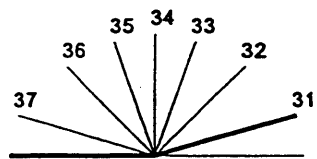
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000
(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat
(997) Other make/model (specify):

(998) Unknown make/model
(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
(0) No child safety seat

(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat - with shield
(5) Booster seat - without shield
(7) Other type child safety seat (specify):

(8) Unknown child safety seat type
(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market
harness/shield/tether added
(09) Unknown if harness/shield/tether
added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

(00) Not Hospitalized

_____ Code the number of days (up through 60)
that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA****66. Time to Death**00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 24 hours, 2 days = 48, ... n days = 24 x n up through 30 days = 720)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death00**68. 2nd Medically Reported Cause of Death**00**69. 3rd Medically Reported Cause of Death**00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant06

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)15

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number		10		3. Vehicle Number		01	
2. Case Number - Stratum		9618		4. Occupant Number		01	

INJURY DATA														
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.														
A.I.S. - 90														
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number				
Contusion posterior scalp	1st	5. 6	6. 1	7. 9	8. 04	9. 02	10. 1	11. 6	12. 151	13. 3	14. 1	15. 00		
Contusion Abdomen	2nd	16. 7	17. 5	18. 9	19. 04	20. 02	21. 1	22. 4	23. 004	24. 2	25. 1	26. 00		
Contusion forearm	3rd	27. 7	28. 7	29. 9	30. 04	31. 02	32. 1	33. 1	34. 170	35. 2	36. 1	37. 00		
Contusion Hip	4th	38. 7	39. 8	40. 9	41. 04	42. 02	43. 1	44. 1	45. 163	46. 3	47. 1	48. 00		
Contusion knee	5th	49. 7	50. 8	51. 9	52. 04	53. 02	54. 1	55. 2	56. 010	57. 2	58. 1	59. 00		
Contusion knee	6th	60. 7	61. 8	62. 9	63. 04	64. 02	65. 1	66. 1	67. 007	68. 2	69. 1	70. 00		
7th	71. ___	72. ___	73. ___	74. ___	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___	81. ___			
8th	82. ___	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___	92. ___			
9th	93. ___	94. ___	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___	103. ___			
10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___	114. ___			

OCCUPANT INJURY DATA											
Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90		Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
				Specific Anatomic Structure							
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

		A.I.S. - 90							Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source			
11th	---	---	---	-----	----	---	---	-----	---	---	----
12th	---	---	---	-----	----	---	---	-----	---	---	----
13th	---	---	---	-----	----	---	---	-----	---	---	----
14th	---	---	---	-----	----	---	---	-----	---	---	----
15th	---	---	---	-----	----	---	---	-----	---	---	----
16th	---	---	---	-----	----	---	---	-----	---	---	----
17th	---	---	---	-----	----	---	---	-----	---	---	----
18th	---	---	---	-----	----	---	---	-----	---	---	----
19th	---	---	---	-----	----	---	---	-----	---	---	----
20th	---	---	---	-----	----	---	---	-----	---	---	----
21st	---	---	---	-----	----	---	---	-----	---	---	----
22nd	---	---	---	-----	----	---	---	-----	---	---	----
23rd	---	---	---	-----	----	---	---	-----	---	---	----
24th	---	---	---	-----	----	---	---	-----	---	---	----
25th	---	---	---	-----	----	---	---	-----	---	---	----

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

Abbreviated Injury Scale

- | |
|-------------------------------|
| (1) Minor Injury |
| (2) Moderate Injury |
| (3) Serious Injury |
| (4) Severe Injury |
| (5) Critical Injury |
| (6) Maximum (untreatable) |
| (7) Injured, unknown severity |

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Air Bag Deployed Unrestrained driver in head-on collision (ED)
(ED)

Restrained?

☒ No (ED, EN, ET)

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = 15
(ED)

Units of Blood
Given

Units = ____

Arterial Blood Gases

pH = ____

PO₂ = ____

PCO₂ = ____

HCO₃ = ____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Hx: of anxiety attacks (EN)

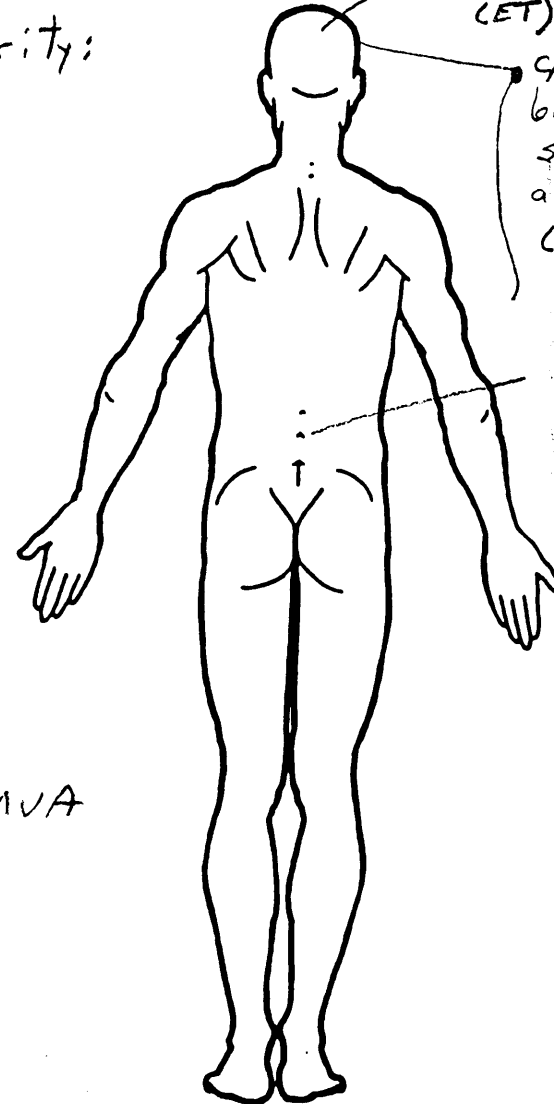
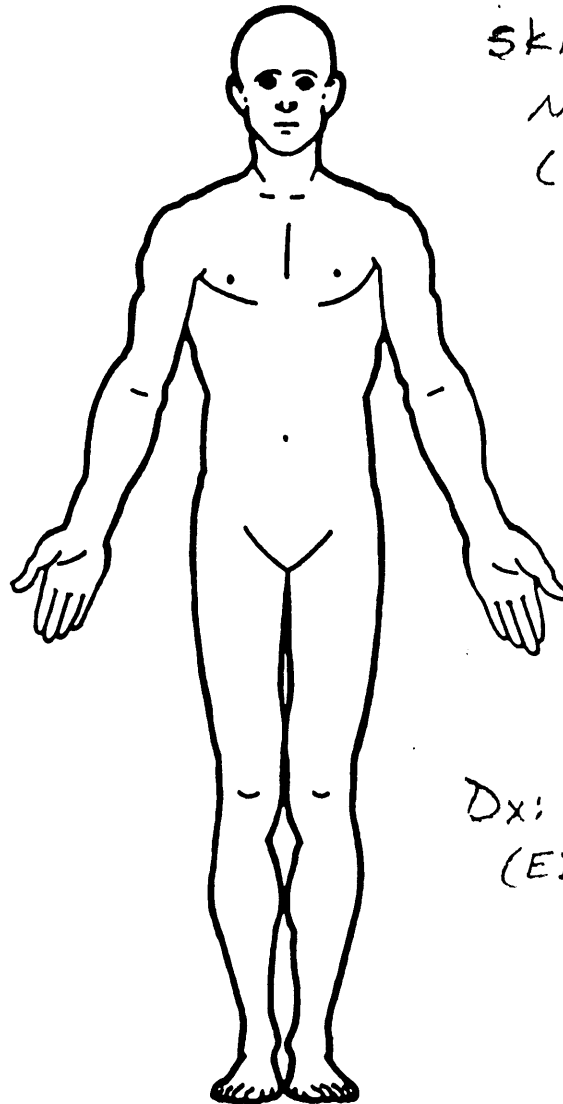
Hematoma occipital
(ET)

c/o pain to
back + (R)
side of head
and (R) arm
(EN, ET)

c/o low back
pain
(ED)

Skin Integrity:
N/A
(EN)

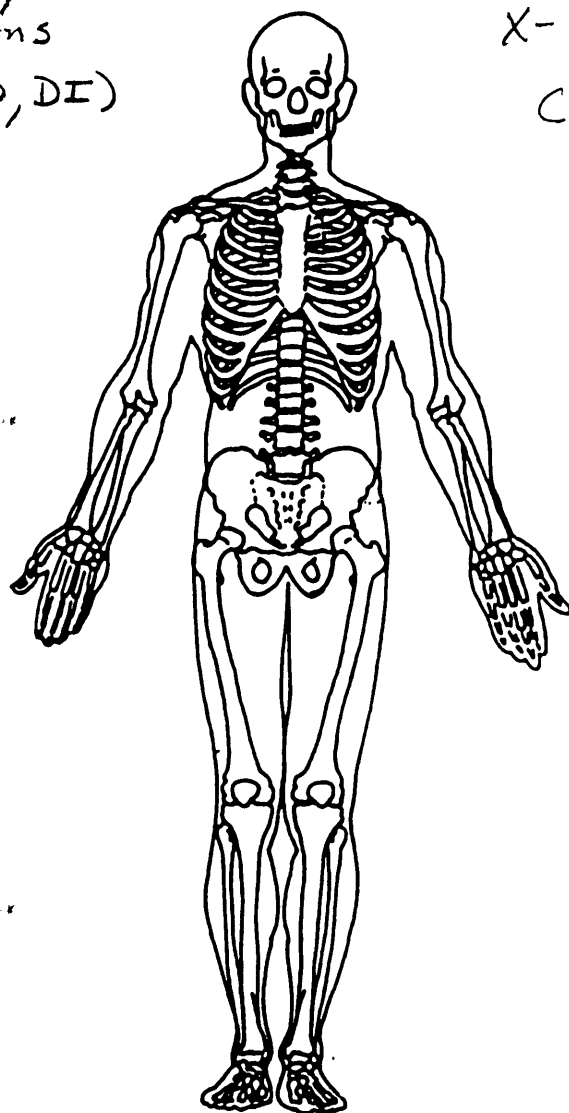
Dx: S/P MVA
(ED)



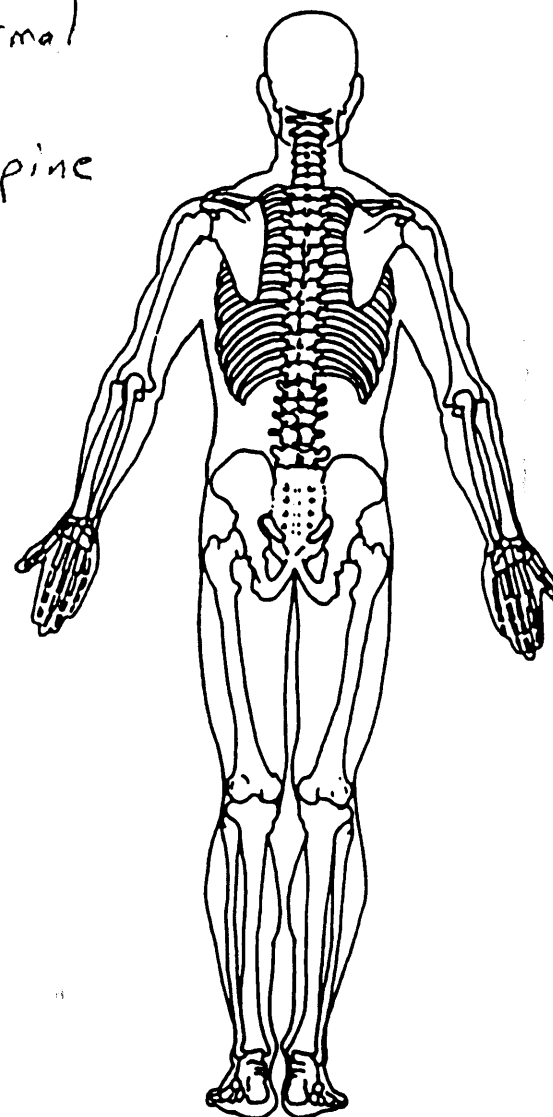
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Head injury
instructions
given (ED, DI)



X-ray: Normal
C-spine +
lumbar spine
(EX)



INJURY SOURCES

<p>FRONT</p> <p>(001) Windshield</p> <p>(002) Mirror</p> <p>(003) Sunvisor</p> <p>(004) Steering wheel rim</p> <p>(005) Steering wheel hub/spoke</p> <p>(006) Steering wheel (combination of codes 004 and 005)</p> <p>(007) Steering column, transmission selector lever, other attachment</p> <p>(008) Cellular telephone or CB radio</p> <p>(009) Add on equipment (e.g., tape deck, air conditioner)</p> <p>(010) Left instrument panel and below</p> <p>(011) Center instrument panel and below</p> <p>(012) Right instrument panel and below</p> <p>(013) Glove compartment door</p> <p>(014) Knee bolster</p> <p>(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)</p> <p>(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)</p> <p>(017) Windshield reinforced by exterior object (specify):</p> <p>(019) Other front object (specify):</p> <p>LEFT SIDE</p> <p>(051) Left side interior surface, excluding hardware or armrests</p> <p>(052) Left side hardware or armrest</p> <p>(053) Left A (A1/A2)-pillar</p> <p>(054) Left B-pillar</p> <p>(055) Other left pillar (specify):</p> <p>(056) Left side window glass</p> <p>(057) Left side window frame</p> <p>(058) Left side window sill</p> <p>(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.</p> <p>(060) Other left side object (specify):</p> <p>RIGHT SIDE</p> <p>(101) Right side interior surface, excluding hardware or armrests</p>	<p>(102) Right side hardware or armrest</p> <p>(103) Right A (A1/A2)-pillar</p> <p>(104) Right B-pillar</p> <p>(105) Other right pillar (specify):</p> <p>(106) Right side window glass</p> <p>(107) Right side window frame</p> <p>(108) Right side window sill</p> <p>(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.</p> <p>(110) Other right side object (specify):</p> <p>INTERIOR</p> <p>(151) Seat, back support</p> <p>(152) Belt restraint webbing/buckle</p> <p>(153) Belt restraint B-pillar or door frame attachment point</p> <p>(154) Other restraint system component (specify):</p> <p>(155) Head restraint system</p> <p>(160) Other occupants (specify):</p> <p>(161) Interior loose objects</p> <p>(162) Child safety seat (specify):</p> <p>(163) Other interior object (specify):</p> <p><i>Center Armrest</i></p> <p>AIR BAG</p> <p>(170) Air bag-driver side</p> <p>(171) Air bag-driver side and eyewear</p> <p>(172) Air bag-driver side and jewelry</p> <p>(173) Air bag-driver side and object held</p> <p>(174) Air bag-driver side and object in mouth</p> <p>(175) Air bag compartment cover-driver side</p> <p>(176) Air bag compartment cover-driver side and eyewear</p> <p>(177) Air bag compartment cover-driver side and jewelry</p> <p>(178) Air bag compartment cover-driver side and object held</p> <p>(179) Air bag compartment cover-driver side and object in mouth</p> <p>(180) Air bag-passenger side</p> <p>(181) Air bag-passenger side and eyewear</p> <p>(182) Air bag-passenger side and jewelry</p>	<p>(183) Air bag-passenger side and object held</p> <p>(184) Air bag-passenger side and object in mouth</p> <p>(185) Air bag compartment cover-passenger side</p> <p>(186) Air bag compartment cover-passenger side and eyewear</p> <p>(187) Air bag compartment cover-passenger side and jewelry</p> <p>(188) Air bag compartment cover-passenger side and object held</p> <p>(189) Air bag compartment cover-passenger side and object in mouth</p> <p>(190) Other air bag (specify):</p> <p>(195) Other air bag compartment cover (specify):</p> <p>ROOF</p> <p>(201) Front header</p> <p>(202) Rear header</p> <p>(203) Roof left side rail</p> <p>(204) Roof right side rail</p> <p>(205) Roof or convertible top</p> <p>FLOOR</p> <p>(251) Floor (including toe pan)</p> <p>(252) Floor or console mounted transmission lever, including console</p> <p>(253) Parking brake handle</p> <p>(254) Foot controls including parking brake</p> <p>REAR</p> <p>(301) Backlight (rear window)</p> <p>(302) Backlight storage rack, door, etc.</p> <p>(303) Other rear object (specify):</p> <p>ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT</p> <p>(401) Hand controls for braking/acceleration</p> <p>(402) Steering control devices (attached to OEM steering wheel)</p> <p>(403) Steering knob attached to steering wheel</p> <p>(405) Replacement steering wheel (i.e., reduced diameter)</p> <p>(406) Joy stick steering controls</p> <p>(407) Wheelchair tie-downs</p> <p>(408) Modification to seat belts, (specify):</p> <p>(409) Additional or relocated switches, (specify):</p> <p>(410) Raised roof</p>	<p>(411) Wall mounted head rest (used behind wheel chair)</p> <p>(412) Other adaptive device (specify):</p> <p>EXTERIOR of OCCUPANT'S VEHICLE</p> <p>(451) Hood</p> <p>(452) Outside hardware (e.g., outside mirror, antenna)</p> <p>(453) Other exterior surface or tires (specify):</p> <p>(454) Unknown exterior objects</p> <p>EXTERIOR OF OTHER MOTOR VEHICLE</p> <p>(501) Front bumper</p> <p>(502) Hood edge</p> <p>(503) Other front of vehicle (specify):</p> <p>(504) Hood</p> <p>(505) Hood ornament</p> <p>(506) Windshield, roof rail, A-pillar</p> <p>(507) Side surface</p> <p>(508) Side mirrors</p> <p>(509) Other side protrusions (specify):</p> <p>(510) Rear surface</p> <p>(511) Undercarriage</p> <p>(512) Tires and wheels</p> <p>(513) Other exterior of other motor vehicle (specify):</p> <p>(514) Unknown exterior of other motor vehicle</p> <p>OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT</p> <p>(551) Ground</p> <p>(598) Other vehicle or object (specify):</p> <p>(599) Unknown vehicle or object</p> <p>NONCONTACT INJURY</p> <p>(601) Fire in vehicle</p> <p>(602) Flying glass</p> <p>(603) Other noncontact injury source (specify):</p> <p>(604) Air bag exhaust gases</p> <p>(697) Injured, unknown source</p>
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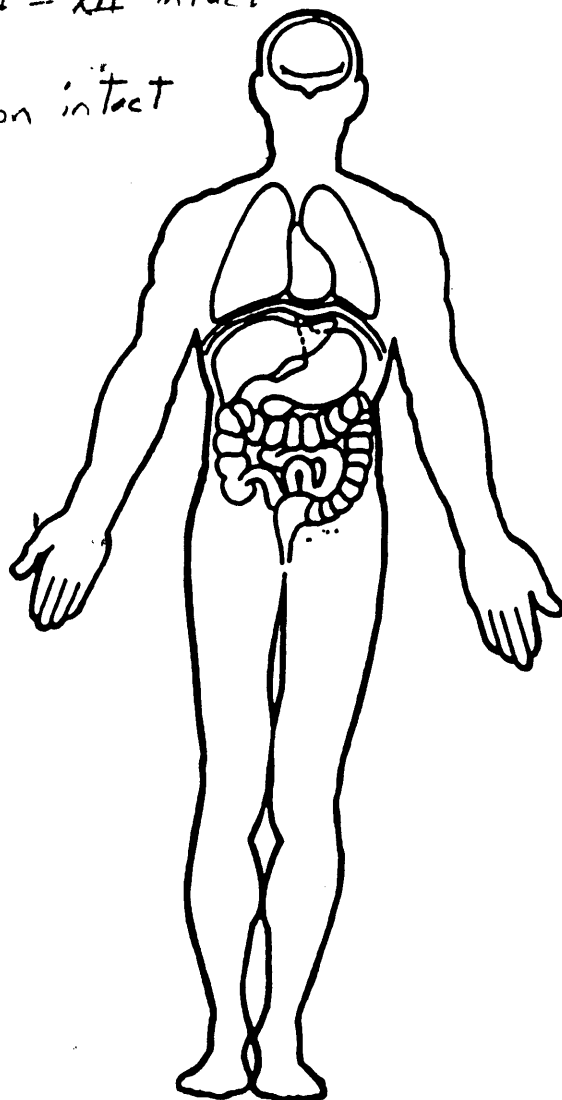
OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Alert + Oriented x3

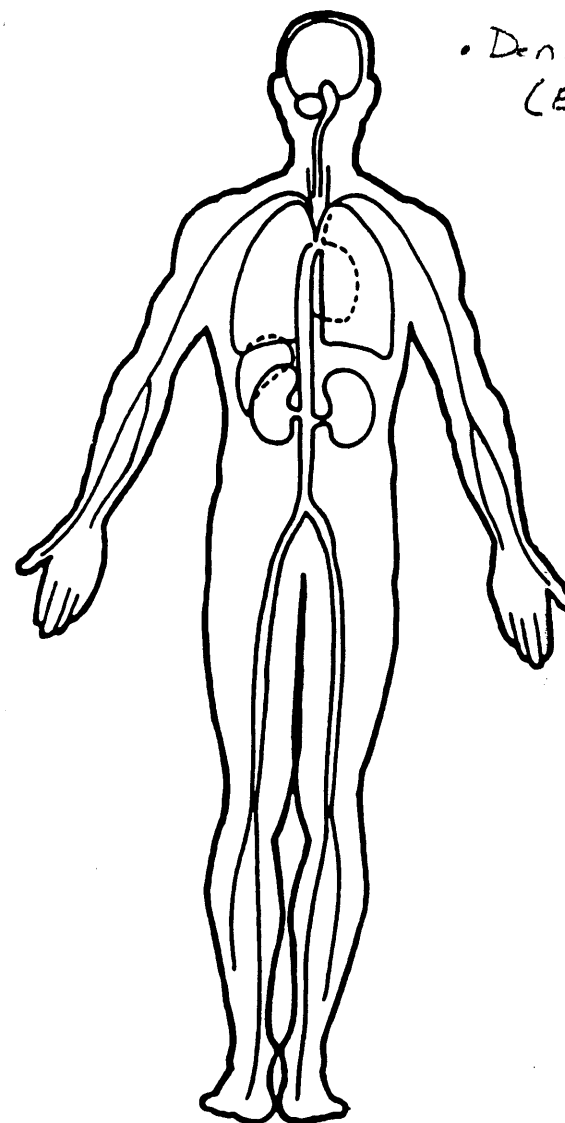
CN II — XII intact
(ED)

• Sensation intact
(ED)



• Denies Δ in LOC, N/V, ?, Δ in vision
(ED)

• Denies LOC
(EN)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FE	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

DI Discharge instructions

[REDACTED] HOSPITAL
OUTPATIENT
REGISTRATION SUMMARY

PAT NO- [REDACTED] ROOM-BED- [REDACTED] MED REC NUMBER- [REDACTED]
***** LAST ADM: [REDACTED]
REG. DATE: [REDACTED]/96 * [REDACTED] * LAST O/P: [REDACTED] 95 4
REG. TIME: 17:53 * [REDACTED] * LAST DSC: [REDACTED] 95
* [REDACTED] KS * URGENT

SPOUSE: [REDACTED] COUNTY: 030 YEARS IN CNTY: 0
TYPE: E SVC: EMR PHONE #: [REDACTED] AGE: 027 RACE: A
S.S. NO: [REDACTED] SEX: F MRTL ST: M BIRTH: [REDACTED]
MAID. NM: [REDACTED]

PATIENTS EMPLOYER: FULL TIME SPOUSE EMPLOYER: FULL TIME
HOUSEWIFE [REDACTED]

00000

00000

GUARANTOR: [REDACTED] FIN CLASS: P EMPLOYER: FULL TIME
[REDACTED] RELATION: SELF HOUSEWIFE
[REDACTED] PHONE: [REDACTED]
[REDACTED] KS [REDACTED] SSNO: [REDACTED] 00000

EMERGENCY NOTIFY: [REDACTED] RELATIONSHIP: SPOUSE PHONE: [REDACTED]
ADDRESS: [REDACTED] CITY/ST: [REDACTED] ZIP: 00000
-INSURANCE CO. NAME---PAYOR---INSURED NAME---CONTRACT #---GROUP---COVRG
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

PC#: [REDACTED] AUTHORIZATION CODE: [REDACTED]

FAMILY DR - [REDACTED] COMPLAINT- MULTIPLE INJUR
ATTENDING DR- [REDACTED]
LIVING WILL: COMMENTS: ALLERGY:
NATURE OF ACCIDENT- HEAD-ON MVA DATE [REDACTED] TIME-17:00

PRINCIPAL DIAG.:

JCODE:

J
J
J
J
J
J
J
J
J
J

ADDITIONAL DIAGNOSIS OR COMPLICATIONS, OR INFECTIONS:

PROCEDURES:

CONSULTATION WITH:

DISP: HOME, TO ANOTHER HOSP, TO SNF, TO ICF, TO OTH, AMA, EXPIRED
TREAT TIME: RELEASE TIME: ADMITTED TO:

ADMITTED BY: [REDACTED]

EMERGENCY ROOM CLINICAL RECORD

PART 1 - PHYSICIAN

PAGE 1 OF

EMR

27

Hospital
A CENTER FOR HEALTHCARE

PATIENT		DATE	PATIENT'S NAME	MED. REC #	
		10-26-96	[REDACTED]	(26F)	
LMP		ALLERGIES		WEIGHT	LAST TETANUS
EMERGENCY RECORD PART II: See Nursing Flow Sheet					NOTIFIED
ORDER	1	L. Spr	5	9	<input type="checkbox"/> POLICE
	2	C. Spr	6	10	<input type="checkbox"/> RELATIVE
	3		7	11	<input type="checkbox"/> CORONER
	4		8	12	<input type="checkbox"/> OTHER
SUBJECTIVE					
MVA 26yo W♀ presents to S/p MVA - unrestrained driver in head on collision. (1) Air bag. She denies head trauma but is of the events. She reports mild lacerations & low back pain. She denies LOC, N/V, and d/c. Disposition: PMHx: denied Meds: denied.					
OBJECTIVE					
Ht: 5'4", Wt: 120 lbs, BMI 20.5. Fundus: normal. Neck: Supple, NT Chest: CTA, NT Lungs: RRR @ 2 gal/min. Abdomen: NABs NT/ND VHS. Ext: 2 pulses. Extremities: warm. Neuro: AA 0-3 (NT) -H to intact Str. 5+/5 DTR's 2+/4 reflexes. Sensation: intact Cerebellum: intact E/P/N 1/1/1/1. Normal gait. X-rays: NAB					
CONSULTS					
STAFF DR. [REDACTED]		TIME: 1830		SPECIALIST: TIME:	
MEDS		INSTRUCTIONS		beginning instructions. 7/6 pm.	
DIAGNOSIS		S/p MVA			
PHYSICIAN [REDACTED]					

**COUNTY AMBULANCE SERVICE
PATIENT REPORT**

Taken to: 1-17-22 DOB: Age/Sex: 26 W-F
 Arrive: Depart: Dr. Reg: Attnd:
 Patient's Name: (last) (first) (mi) SSN:
 Address: City: State: Ks
 Situation: 10-48 Position Found: lying in Roadway
 Location:
 Chief Complaint: Pain to (R) side of head (R) arm

	TIME	1720						
	B/P	142/92	/	/	/	/	/	/
V	Pulse	134						
I	Resp.	24						
T	LOC / CRAMS	A						
A	Skin & Temp.	W-D						
L	Pupils							
S	Motor Func.	MAE						
	Oxygen	4L can						
	SpO2:	98						
	I.V.							

Pt Code: Gray Blood Sugar: 11.1/13 Seatbelt Yes NO - NA

MEDICAL HX: None

No meds

ALLERGIES: NA

TRAUMA: Hematomas Scapula and R. arm

TREATMENT: Manual cervical collar / To LSP with GEL, + secured to car secured
Condition monitored en Route RMM No change

to unit / SpO2 secondary / Pt Report / Pt Condition monitored en Route RMM No change
 PRIMARY: SpO2 / Released auto head on coll go pain (R) side
PT got out of car herself / Pt en route RMM
head + (R) arm

1st (R) arm / Stated was coming around corner. PTSE to our side other side of the Rd
when PTSE occurred / Pt monitored en Route RMM No change / Pt to LMPER Trauma / Released AS to RMM
 Date: Call # Technician:

Hospital

PATIENT

AFTER CARE INSTRUCTION SHEET

BELOW IS A LIST OF FOLLOW-UP INSTRUCTIONS. PLEASE FOLLOW CAREFULLY THOSE INSTRUCTIONS PRINTED NEXT TO THE BLOCKS MARKED BY AN X. THIS IS VITAL TO THE IMPROVEMENT OF YOUR CONDITION.

☒ FOLLOW-UP INSTRUCTIONS

Within the next 7 days, check with your family physician or the physician to whom you are being referred for:

- ☒ Examination and further treatment. *as needed with*
- ☐ Re-evaluation and further treatment.
- ☐ Results of test done.
- ☐ Suture removal.
- ☐ Further Tetanus Immunization.

☐ WOUND CARE

1. Keep dressings clean and dry.
2. Elevate the wound area to help relieve soreness, help speed wound healing and reduce swelling.
3. Despite the greatest care, any wound can become infected. If your wound becomes reddened, swollen, shows pus or red streaks, or feels more sore instead of less as days go by, you must report to your family physician immediately.

☐ DRESSING INSTRUCTIONS

☐ Do not change your dressing. Keep it clean and dry until you see your family physician or the physician to whom you are being referred.

- ☐ Change your dressing once every _____
1. Remove dressing carefully.
 2. Cleanse area with _____.
 3. Apply _____ to the wound.
 4. Follow with application of a clean and preferably sterile dressing or bandage.

☐ MEDICATION INSTRUCTIONS

☐ Any medication has the potential to disagree with you. If you notice any unusual side effects, contact your family physician, the physician to whom you've been referred, or return to the Emergency Department immediately.

- ☐ Take medication as prescribed.
- ☐ Take medication prescribed until conditions improve.
- ☐ Be sure to finish all the medication prescribed.
- ☐ Your medication may cause drowsiness. Do not drive a motor vehicle or work around any dangerous machinery while taking this medication.

☐ SPONGE FOR TEMPERATURE TECHNIQUE

☐ For temperatures above 102°-103°, place child in tub of lukewarm water for 30 minutes. Pour the water over the child. The child may begin to chill, this is a normal response. After 30 minutes, recheck child's temperature. It should be reduced. If not, contact your physician.

☐ GENERAL INSTRUCTIONS

- ☐ Ice to injured area.
- ☐ Heat to injured area.
- ☐ Ice to the injured area for the first 24 hours then heat thereafter.
- ☐ Elevate injured area.
- ☐ Soak injured area in warm water.
- ☐ Take Aspirin or Tylenol for temperature/pain every four hours as needed.
- ☐ Stay off your feet and in bed until condition improves.
- ☐ Do not return to school or work until _____.
- ☐ If your ace bandage is too tight, remove and rewrap it.
- ☐ Encourage clear fluids, (any liquid you can see through)

☐ CAST & FRACTURE CARE

☐ Your cast will not be dry for a period of forty eight hours and can easily be broken or damaged. Put the injured area to rest for this period of time. Keep the injured part elevated on a pillow or blanket above the rest of the body for 24 hours. Keep your cast dry at all times. If you have a walking cast on your leg (i.e. one with a rubber heel on it), it is imperative that you do not put any weight on it for 48 hours or it will break. Return to the hospital, immediately if any of the following signs become evident:

1. If your fingers or toes become swollen, numb or blue.
2. If pain does not greatly subside in 12 hrs.
3. If pain becomes worse than at the time of casting.

☒ HEAD INJURY INSTRUCTIONS

☒ Observe the patient for 24 hours. Contact your family physician or return to the Emergency Department immediately if any of the following are observed.

1. Repeated vomiting.
2. Difficulty in rousing patient (the patient should be awakened every 2 hours during the first night)
3. Blurred vision or double vision.
4. Persistent headaches.
5. Weakness of face, arm or leg muscles.
6. Clear or bloody fluid from nose or ears.
7. Twitching or convulsions.
8. A difference in pupil size comparing left to right.
9. Confusion, delirium or disorientation (change in personality).

☒ IMPORTANT NOTICE

☒ Your X-RAY has been interpreted by the Emergency Department physician. Your X-RAY will be reread by a Radiologist in 24 hours. If his interpretation differs from what you have been told the attending physician will be notified.

☒ AFTER CARE OBSERVATION - Return to your Family Physician or to this Emergency Department if your condition gets worse or does not improve.

☐ OTHER

☒ PLEASE NOTE

Treatment given in the Emergency Department is offered as emergency care only. Follow-up treatment by physician is important for your safety. You are urged to follow careful instructions marked on this sheet.

Treated by

Referred by

Time

1940

Date

7/6

Phone #

MEMORIAL HOSPITAL
KANSAS

PATIENT NAME:
ADDRESS:

PHONE NO.:

AGE:

DATE:

HOSPITAL/MR NO.:

PHYSICIAN:

X-RAY NO.:

27

96

ER

KS

LUMBAR SPINE:

A two view examination of the lumbar spine shows normal alignment. Pedicles are intact and no bone destruction is seen. No fractures are detected.

IMPRESSION: Normal lumbar spine.

CERVICAL SPINE:

Two view examination shows the centra vertebrae to be of equal heights and intervertebral disc spaces are preserved. There is no evidence to suggest subluxation, dislocation or fracture.

IMPRESSION: Normal two view examination of the cervical spine.

d: /96 RJM/mm
t: /96

M.D.

(Dr. has not proofread.)

X-RAY REPORT

Hospital
A CENTER FOR HEALTHCARE

ER ASSESSMENT FLOW SHEET

Dat. 4/6 Age 26
Emergent ☐ Urgent ☐ Non-Emergent ☐ ID Band ☒
Name: [REDACTED]

LMP NOW Tetanus 1992
Allergies NONE

Regular Medications

Patient arrival time 1730 Mode of Arrival FCA Doctor [REDACTED] Time called 1800 Time arrived 1800 Wt. [REDACTED]

CIRCLE RESPONSE
PRESENT ON ARRIVAL: Spineboard SJD Splint L R
Arm Leg Philly collar NA
BREATHING: Normal Labored Rales Wheezing Crackles
RUL RML RLL LUL LML LLL Apnea
PULSES: Radial Brachial Apical Femoral Tibial
Cargid NONE
Regular Irregular Weak Thready
PAIN SCALE: 1 2 3 4 5 6 7 8 9 10
NA (least) (greatest)

ABDOMEN: Soft Tender Rigid Distended Bowel Sounds P
SKIN INTEGRITY: Abrasions Lacerations Bruises Rash Bite/Sting NA
SPEECH: Coherent Incoherent Silent Hysterical Slurred (Infant)
SKELETALMUSCULAR: Swelling Discoloration Redness Arm Leg
Immobilized Hand Foot R L Cold Pack NA
PSYCHOSOCIAL: Accompanied Alone Able to Cope Needs Referral
Family Notified Y N NEED TO NOTIFY Y N
NURSING DX: pain

Time	Temp.	B/P	P	R	Eyes Open	Verbal Response	Motor Response	Pupil Size R L	Pupil Reaction R L
1750	100.6	100/92	84	16	yes	appropriate	AT Spineboard	6 6	B B

1750 head on MVA pt was driver, driving w.c. to @ side head pain at @ arm pain. pt wearing seat belt to pain to back of head pain getting more intense pain on @ top of head & head MD has to x-rays pt to x-ray via cart. 1830 pt crying, changed to 1700 pt brought to ER @ child's bedside.

ANX Anxiety attack
Physician's orders:

Time _____ T.O. / V.O. Dr.					Initials
IV's/SL	Time	Size	Site	Initials	
1.					
2.					
Drips/IVPB's					
Medications	Dosage/Route	Time	Initials	Patient Response	Time

Treatment/Procedures	Time	Patient Response
0242 NC		

DISPOSITIONS: Office Admitted STOP Expired Dismissed Transferred (place) _____
Sent by: Car FCA Life Flight Other _____
CONDITION ON DISMISSAL: POOR FAIR GOOD STABLE Time: 1940 Consult with Dr. _____ NA
COBRA signed: Y N Reason for transfer _____

VALUABLES: (circle) Dentures Purse Slacks Shirt/Blouse Undergarments Shoes Billfold Keys Glasses Contacts Hearing Aid
Jewelry (list) _____ Cash (amt.) _____ Other _____
Disposition of valuables: To Safe To family/friend Home With patient Police FCA/Life Flight

Signature: [REDACTED]

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 1

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 4

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

*Between mid full down*23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION****28. Police Reported Belt Use**

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):
☐ Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact 0018

- (_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

- (_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 2

- (0) Not equipped/not available
(1) No
(2) Yes (specify): Hit W.S. cracked scratched
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*44. Source of Air Bag Damage 01

(00) Not equipped/not available

(01) Not damaged

(02) Object worn by occupant, (specify):
_____(03) Object carried by occupant, (specify):
_____(04) Adaptive/assistive controls, (specify):

(05) Fire in vehicle

(06) Thermal burns

(07) Rescue or emergency efforts

(88) Other damage source (specify):

(95) Damaged, unknown source

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

45. Was The Air Bag Tethered? 2

(0) Not equipped/not available

(1) No

(2) Yes (specify number of tether straps):
1

(3) Deployed, unknown if tethered

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

46. Did The Air Bag Have Vent Ports? 2

(0) Not equipped/not available

(1) No

(2) Yes (specify number of vent ports):
2

(3) Deployed, unknown if vent ports present

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant? 1

(0) Not equipped/not available

(1) No

(2) Yes (specify):
_____(3) Deployed, unknown if other occupant contact
to air bag

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

48. Was This Occupant Wearing Eye-wear? 1

(0) Not air bag equipped/air bag not available

(1) No

(2) Eyeglasses/sunglasses

(3) Contact lenses

(4) Deployed, unknown if eyewear worn

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION49. Head Restraint Type/Damage by Occupant
at This Occupant Position 3

(0) No head restraints

(1) Integral—no damage

(2) Integral—damaged during accident

(3) Adjustable—no damage

(4) Adjustable—damaged during accident

(5) Add-on—no damage

(6) Add-on—damaged during accident

(8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) 06

(00) Occupant not seated or no seat

(01) Bucket

(02) Bucket with folding back

(03) Bench

(04) Bench with separate back cushions

(05) Bench with folding back(s)

(06) Split bench with separate back cushions

(07) Split bench with folding back(s)

(08) Pedestal (i.e., column supported)

(09) Box mounted seat (i.e., van type)

(10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

(0) Occupant not seated or no seat

(1) Forward facing seat

(2) Rear facing seat

(3) Side facing seat (inward)

(4) Side facing seat (outward)

(8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 3

(0) Occupant not seated or no seat

(1) Non-adjustable seat track

Adjustable Seat Track

(2) Seat at forward most track position

(3) Seat between forward most and middle track
positions

(4) Seat at middle track position

(5) Seat between middle and rear most track
positions

(6) Seat at rear most track position

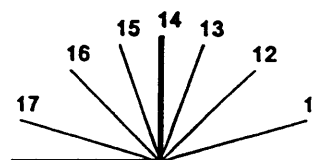
(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 23

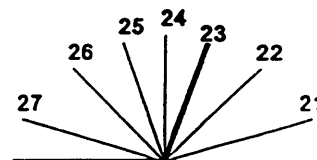
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

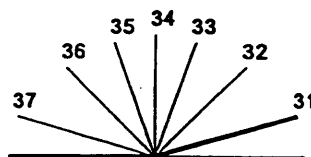
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000
(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat
(997) Other make/model (specify):

(998) Unknown make/model
(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
(0) No child safety seat

(1) Infant seat
(2) Toddler seat
(3) Convertible seat
(4) Booster seat - with shield
(5) Booster seat - without shield
(7) Other type child safety seat (specify):

(8) Unknown child safety seat type
(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00
(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
(02) Forward facing
(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
(12) Forward facing
(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
(22) Forward facing
(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 00

59. Child Safety Seat Shield Usage 00

60. Child Safety Seat Tether Usage 00

Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
added, not used
(02) After market harness/shield/tether used
(03) Child safety seat used, but no after market
harness/shield/tether added
(09) Unknown if harness/shield/tether
added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
(12) Harness/shield/tether used
(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
(22) Harness/shield/tether used
(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay00

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost62

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA****66. Time to Death**

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

01**67. 1st Medically Reported Cause of Death**02**68. 2nd Medically Reported Cause of Death**01**69. 3rd Medically Reported Cause of Death**00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

04**71. Glasgow Coma Scale (GCS) Score (at Medical Facility)**03

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?1

- (1) No - blood not given
(2) Yes - blood given (specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃15

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

Base Excess -30.8

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u> 2. Case Number - Stratum <u>9618</u>	3. Vehicle Number <u>01</u> 4. Occupant Number <u>02</u>
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INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number													
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity																	
Concussion (GCS 1st 3)	5	3	6	1	7	6	8	08	9	24	10	5	11	0	12	180	13	1	14	1	15	00
Atlanto-Occipital Dislocation	16	3	17	6	18	5	19	02	20	08	21	2	22	6	23	180	24	1	25	1	26	00
Abrasions neck completely across	27	3	28	3	29	9	30	02	31	02	32	1	33	4	34	180	35	1	36	1	37	00
Avulsed Teeth (4)	38	8	39	2	40	5	41	14	42	02	43	1	44	8	45	185	46	3	47	1	48	00
5th	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
6th	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92
7th	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114
8th																						
9th																						
10th																						

OCCUPANT INJURY DATA

A.I.S. - 90								Injury Source	Direct/	Occupant
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Confidence Level	Indirect Injury	Area Intrusion Number
11th	—	—	—	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	—	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen			(5) Anterior
(6) Spine		To the extent possible, within the organizational framework of the AIS, 00	(6) Posterior
(7) Upper Extremity		is assigned to an injury NFS as to severity or	(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
		where only one injury is given in the dictionary for that anatomic structure.	(0) Whole region
		99 is assigned to any injury NFS as to lesion or severity.	
Type of Anatomic Structure	<u>Whole Area</u>	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u>		
(5) Lay coroner report		
(6) E.M.S. personnel		
(7) Interviewee		
(8) Other source (specify): _____		
(9) Police		

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

• Air Bag deployed (CR)

Restrained?

✓ No (ER)

✓ Yes (CR)

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = 3

(ET, CB, ER)

Units of Blood Given

Units = ____

Arterial Blood Gases

pH = 6.97 1st 2nd 6.53

PO₂ = 13 3.7

PCO₂ = 89 173.3

HCO₃ = 20.7 14.5

Base -14.0 -30.8

Excess (Laboratory)

• Estimate Weight: 15 kg
CCB

• Seatbelt: No (ET)

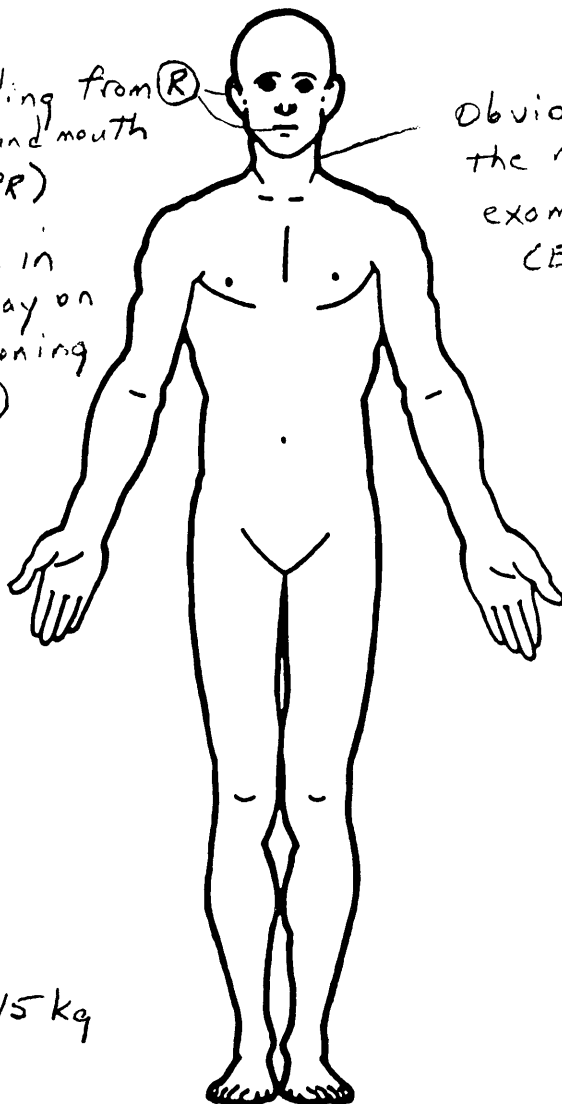
• Mother could not remember if child had seatbelt or not at time of crash (RR)
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Seatbelt on (CR)

• Bleeding from [Ⓡ] ear and mouth (ET, RR)

• Blood in airway on suctioning (RR)

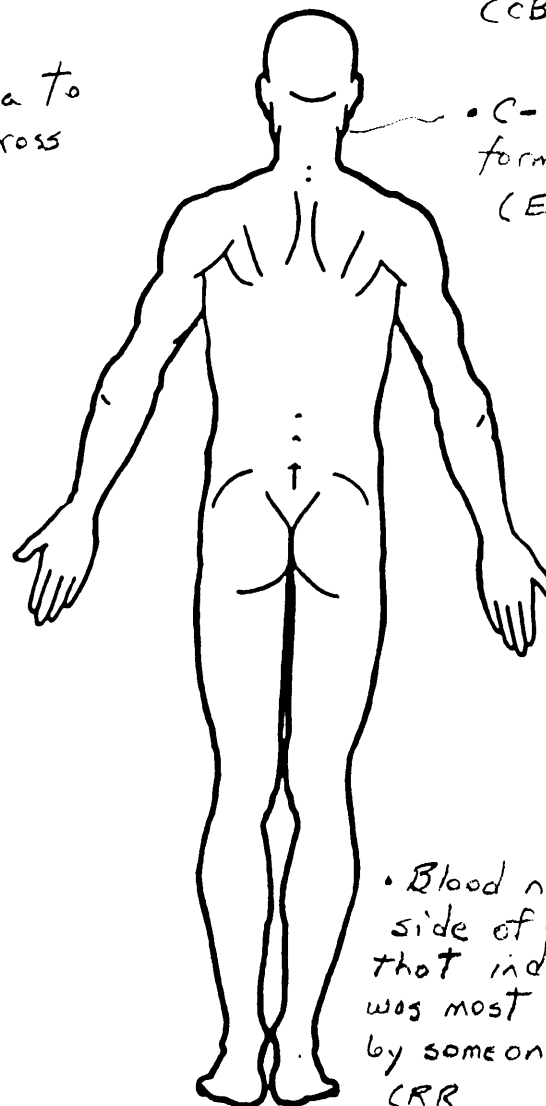
Obvious trauma to the neck on gross examination (ER)



• Found supine on ground (ET, RR)

• C₁₋₂ Injury (CB)

• C-Spine deformity noted (ET, RR)

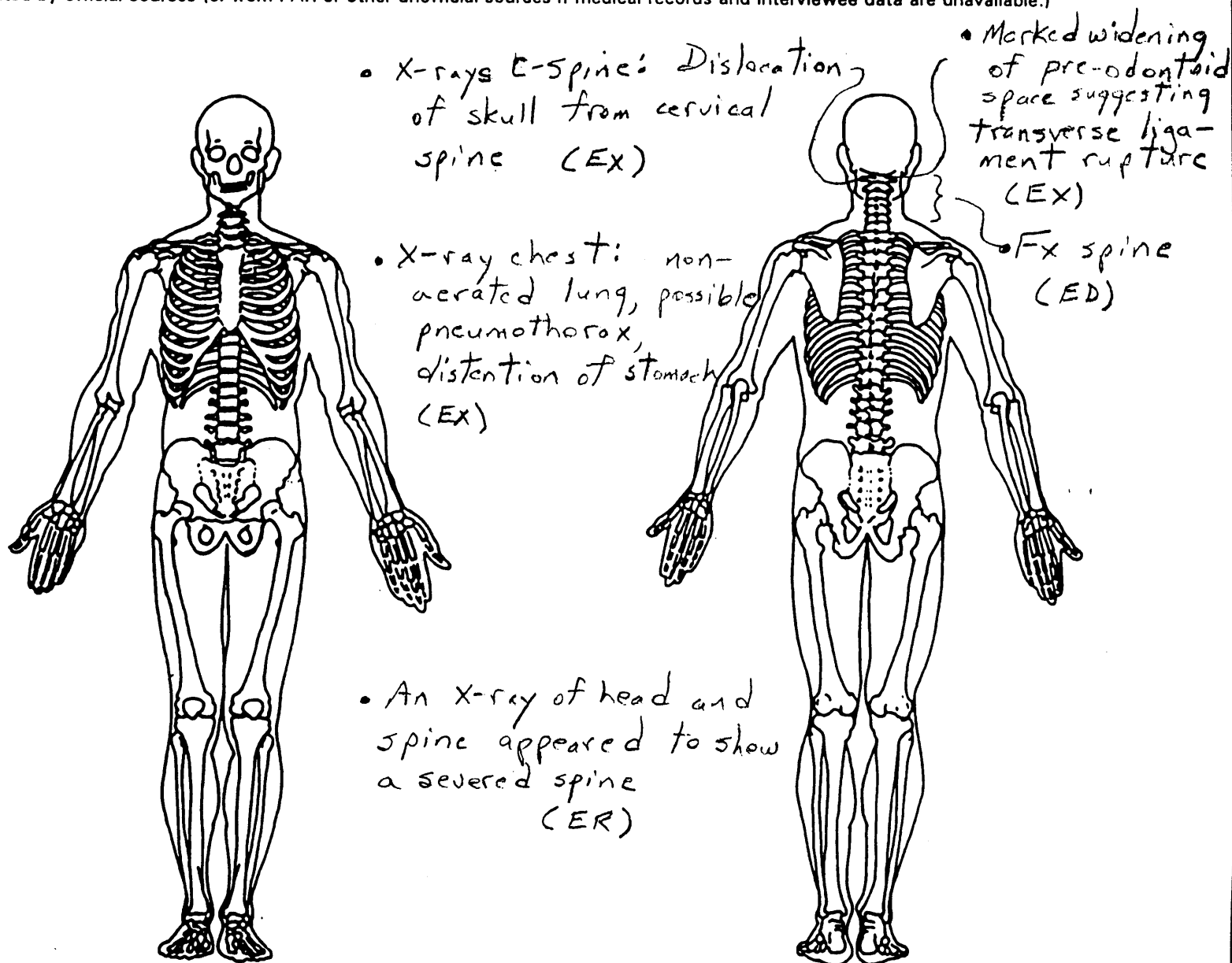


• Blood noted on [Ⓡ] side of driver's seat that indicated that Pt was most likely removed by someone at scene (RR)

Expired 1:36 post-crash (EN, CB)

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

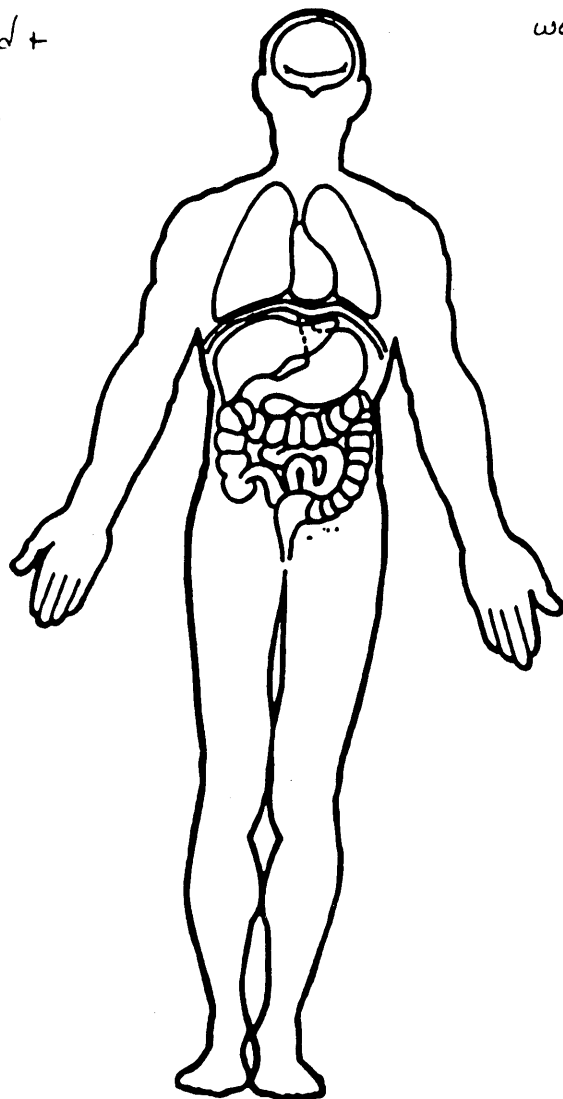
FRONT			
(001) Windshield	(102) Right side hardware or armrest	(183) Air bag-passenger side and object held	(411) Wall mounted head rest (used behind wheel chair)
(002) Mirror	(103) Right A (A1/A2)-pillar	(184) Air bag-passenger side and object in mouth	(412) Other adaptive device (specify): _____
(003) Sunvisor	(104) Right B-pillar	(185) Air bag compartment cover-passenger side	
(004) Steering wheel rim	(105) Other right pillar (specify): _____	(186) Air bag compartment cover-passenger side and eyewear	EXTERIOR of OCCUPANT'S VEHICLE
(005) Steering wheel hub/spoke	(106) Right side window glass	(187) Air bag compartment cover-passenger side and jewelry	(451) Hood
(006) Steering wheel (combination of codes 004 and 005)	(107) Right side window frame	(188) Air bag compartment cover-passenger side and object held	(452) Outside hardware (e.g., outside mirror, antenna)
(007) Steering column, transmission selector lever, other attachment	(108) Right side window sill	(189) Air bag compartment cover-passenger side and object in mouth	(453) Other exterior surface or tires (specify): _____
(008) Cellular telephone or CB radio	(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(190) Other air bag (specify) _____	(454) Unknown exterior objects
(009) Add on equipment (e.g., tape deck, air conditioner)	(110) Other right side object (specify): _____	(195) Other air bag compartment cover (specify) _____	EXTERIOR OF OTHER MOTOR VEHICLE
(010) Left instrument panel and below	INTERIOR		(501) Front bumper
(011) Center instrument panel and below	(151) Seat, back support	ROOF	(502) Hood edge
(012) Right instrument panel and below	(152) Belt restraint webbing/buckle	(201) Front header	(503) Other front of vehicle (specify): _____
(013) Glove compartment door	(153) Belt restraint B-pillar or door frame attachment point	(202) Rear header	(504) Hood
(014) Knee bolster	(154) Other restraint system component (specify): _____	(203) Roof left side rail	(505) Hood ornament
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)	(155) Head restraint system	(204) Roof right side rail	(506) Windshield, roof rail, A-pillar
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)	(160) Other occupants (specify): _____	(205) Roof or convertible top	(507) Side surface
(017) Windshield reinforced by exterior object (specify) _____	(161) Interior loose objects	FLOOR	(508) Side mirrors
(019) Other front object (specify): _____	(162) Child safety seat (specify): _____	(251) Floor (including toe pan)	(509) Other side protrusions (specify): _____
	(163) Other interior object (specify): _____	(252) Floor or console mounted transmission lever, including console	(510) Rear surface
	AIR BAG	(253) Parking brake handle	(511) Undercarriage
LEFT SIDE	(170) Air bag-driver side	(254) Foot controls including parking brake	(512) Tires and wheels
(051) Left side interior surface, excluding hardware or armrests	(171) Air bag-driver side and eyewear	REAR	(513) Other exterior of other motor vehicle (specify): _____
(052) Left side hardware or armrest	(172) Air bag-driver side and jewelry	(301) Backlight (rear window)	OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(053) Left A (A1/A2)-pillar	(173) Air bag-driver side and object held	(302) Backlight storage rack, door, etc.	(551) Ground
(054) Left B-pillar	(174) Air bag-driver side and object in mouth	(303) Other rear object (specify): _____	(598) Other vehicle or object (specify): _____
(055) Other left pillar (specify): _____	(175) Air bag compartment cover-driver side	ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT	(599) Unknown vehicle or object
(056) Left side window glass	(176) Air bag compartment cover-driver side and eyewear	(401) Hand controls for braking/acceleration	NONCONTACT INJURY
(057) Left side window frame	(177) Air bag compartment cover-driver side and jewelry	(402) Steering control devices (attached to OEM steering wheel)	(601) Fire in vehicle
(058) Left side window sill	(178) Air bag compartment cover-driver side and object held	(403) Steering knob attached to steering wheel	(602) Flying glass
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(179) Air bag compartment cover-driver side and object in mouth	(405) Replacement steering wheel (i.e., reduced diameter)	(603) Other noncontact injury source (specify): _____
(060) Other left side object (specify): _____	(180) Air bag-passenger side	(406) Joy stick steering controls	(604) Air bag exhaust gases
	(181) Air bag-passenger side and eyewear	(407) Wheelchair tie-downs	(697) Injured, unknown source
RIGHT SIDE	(182) Air bag-passenger side and jewelry	(408) Modification to seat belts. (specify): _____	
(101) Right side interior surface, excluding hardware or armrests		(409) Additional or relocated switches. (specify): _____	
		(410) Raised roof	

OFFICIAL INJURY DATA —INTERNAL INJURIES

- From arrival @ scene to arrival @ hospital: B/P, Pulse, Respirations, Motor Function — Absent, pupils fixed and dilated (8 mm) (ET, RR)
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

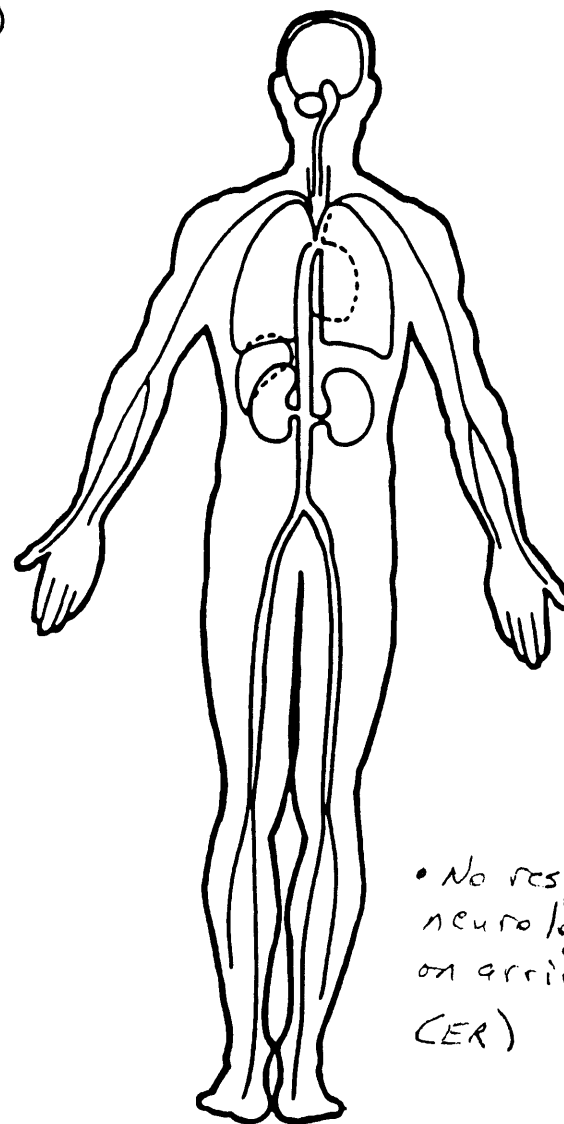
- Blue upon arrival
(ET, RR, EN)

- Pupils fixed + dilated on arrival ER
(ER)



- Found with a heart-beat
but apneic + no good pulse
was evident (ER)

- Found unresponsive
(RR)



- No response
neurologically
on arrival @ ER
(ER)

CAUSE OF DEATH

Vehicular injury (CR)

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shortens history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

RR = [REDACTED]
 CB = Code Blue Documentation

CASE REPORT: CALLS FOR SERVICE DATE PRINTED: 06/27/96

50.CID#: _____

00.Agency: COUNTY EMS 01.Inc #: 02.Rec By:

03.Date Reported: 04.Time Reported: 1653 05.Shift: 2 3 PM-11 PM

06.Activity: E2900 EMS/10-48 07.Priority: 1 EMERGENCY-SIREN

08.City 09.Loc RD 10.EMS EMS

11.Apt# Name Tel Rec E Type R

16.Add: 17.City 18.St: KS

19.Rem: TWO CAR ALL CAN HEAR IS PEOPLE SCREAMING

20.Units: 0622 30.Off:

32.Disp Transp* Enrt 1712 Arr 1723 Comp 1727

39.Other Agcy: 41.Ad: 42.Dsp By: 43.Case#: 44.Dispo: R

45.Line-1: 2ND CALLER ADV ALL SHE CAN HEAR IS SCREAMING, DOES NOT KNOW WHAT

46.Line-2: IS GOING ON, (2ND RP)

47.Line-3:

48.Line-4:

49.Line-5:

06/27 1654 Verified
 06/27 1654 (S)Pol: 000WS0 (7)Fir: 0007 (E)EMS: EMS ()Zone: *
 06/27 1655 ** Initial Call Posted **
 06/27 1655 <UNITS>: 0622
 06/27 1656 ** Call Updated **
 06/27 1657 ** Call Updated **
 06/27 1703 APPX ADV WILL BE HEAD ON COLLISION KY TER/RILE
 06/27 1703 Y RD
 06/27 1704 ADV CPR IN PROGRESS ON 1 CODE 1 JUVENILE
 06/27 1704 2ND AMBULANCE ENR
 06/27 1705 1704 621 10-8 ENR
 06/27 1706 ** Call Updated **
 06/27 1713 622 10-14 10-39 1 CODE BLUE ENR RMH
 06/27 1713 ** Call Updated **
 06/27 1718 ** Call Updated **
 06/27 1724 ** Call Updated **

**██████████ COUNTY AMBULANCE SERVICE
PATIENT REPORT**

1703

Taken to: Rm H / 1714 DOB: ██████████ Age/Sex: 5 Wm
 Arrive: _____ Depart: _____ Dr. Reg: ██████████ Attn: ██████████
 Patient's Name: ██████████ (last) ██████████ (first) ██████████ (mi) SS# NONE
 Address: ██████████ Rd. City: ██████████ State: KS
 Situation: 10-48 2-veh. Head on Position Found: Supine on ground
 Location: ██████████ Terr At ██████████
 Chief Complaint: Trauma Code Blue

	TIME	1704	1712	1723	(At Rm H)			
	B/P	Absent	Absent	Absent	/	/	/	
V	Pulse	Absent	Absent	Absent				
I	Resp.	Absent	Absent	Absent				
I	LOC / CRAMS	U/O	U/O	U/O				
A	Skin & Temp.	W/m	W/D	W/D				
L	Pupils	Fixed and Dilated	→					
S	Motor Func.	Absent	Absent	Absent				
	Oxygen	15 Lpm	15 Lpm	15 Lpm				
	SpO2:	—	—	—				
	I.V.	—	—	—				

Pt Code: BlueBlood Sugar: N/ASeatbelt Yes (NO) NAMEDICAL HX: NONEALLERGIES: NONE

TRAUMA: C-spine deformity, T6SS Head Trauma, bleeding from R ear, mouth

TREATMENT: ABC/CPR/O2 via demand valve/C-collar/ISB/CED/to unit/DPA/suction/BVM/Pulse check/CPR create/Suction/Pt. Report/No changes/to ER #3/Released.

SUMMARY Pt. found code Blue/involved in head on mva/no pulse, Pupils Fixed and Dilated/No Resp./Responders started CPR/O2/DPA/C-collar/Blue upon arrival/skin white w/100% O2/Transported with CPR/BVM/No changes/Released alive/unstable to ██████████ MD

RUN REPORT

CALLERS NAME : CENTRAL DISPATCH [REDACTED] PHONE NUMBER: ALERT TONES
ODOMETER START : NONE ODOMETER END: NONE
CHARGES : BASE RATE x1, MILES x10, 02 x1, BVM x1, OPA x1,
SUCTION x2, E-COLLAR x1, DISP. x1

TYPE THE CALL IN PARAGRAPH FORM INCLUDING ALL PERTINENT INFORMATION

[REDACTED] TWP. FIRST RESPONDER [REDACTED] WAS THE FIRST
RESPONDER TO THIS CALL FOLLOWED BY [REDACTED]
[REDACTED] FCAS UNIT [REDACTED] FCAS [REDACTED]
UNIT [REDACTED]

THE PT.. A 5 Y/O WHITE MALE WAS FOUND SUPINE ON THE GROUND
ALONG THE ROADWAY AT THE CORNER OF [REDACTED] TERR. AND [REDACTED] RD.

THE PT. ([REDACTED]) WAS SUFFERING FROM INJURES DUE TO A 2-
VEH HEAD-ON 10-48.

THE PT. WAS FOUND UNRESPONSIVE. THE PT. HAD NO PULSE, NO
RESPIRATIONS, AND HIS PUPILS WERE FIXED AND DILATED. THE PT. HAD BEEN
INVOLVED IN A HEAD-ON 10-48. THE PT'S MOTHER COULD NOT REMEMBER IF
THE CHILD HAD THE SEATBELT ON OR NOT AT THE TIME OF THE ACCIDENT. THE
PT. DID HAVE DEFORMITY NOTED TO THE C-SPINE AREA. THE PT. HAD BLOOD
COMING FROM THE R. EAR AND MOUTH. THE PT. WAS CYANOTIC IN COLOR.
THERE WAS NO FURTHER TRAUMA NOTED AT THIS TIME. IT WAS UNKNOWN HOW THE
CHILD GOT FROM THE CAR TO THE LOCATION HE WAS FOUND AT. THERE WAS
BLOOD NOTED ON THE R. SIDE OF THE DRIVERS SEAT THAT INDICATED THAT
THE PT. WAS MOST LIKELY REMOVED FROM THE CAR BY SOMEONE AT THE SCENE.
FR. [REDACTED] STATED THAT THE CHILD WAS LYING ON THE GROUND UPON HIS
ARRIVAL ALSO. THE PT'S PAST MED. HX. WAS UNKNOWN.

THE PT. WAS RECEIVING AID PRIOR TO OUR ARRIVAL BY FIRST
RESPONDER [REDACTED] AND A BYSTANDER IN THE FORM OF CPR. THIS WAS
PERFORMED CORRECTLY.

THE PT'S ABC'S WERE OBTAINED BY [REDACTED]. CPR WAS CONTINUED ON THE CHILD WITH COMPRESSIONS BY THE BYSTANDER AND VENTILATIONS BY [REDACTED]. A PED. E-COLLAR WAS APPLIED TO THE PT'S NECK BY [REDACTED]. THE PT'S VENTILATIONS WERE TAKEN OVER BY [REDACTED] VIA DEMAND VALVE AND COMPRESSIONS BY [REDACTED]. THE PT. WAS LOGROLLED TO A PED. [REDACTED]. THE PT. WAS SECURED TO THE [REDACTED] BY [REDACTED]. THE PT. WAS MOVED TO THE COT BY [REDACTED]. THE PT. WAS MOVED TO THE UNIT WITH CPR INPROGRESS. A 60 MM OPA WAS PLACED IN THE AIRWAY BY [REDACTED]. THE PT'S AIRWAY WAS SUCTIONED BY [REDACTED]. THERE WAS BLOOD PRESENT UPON SUCTIONING. O2 WAS DELIVERED VIA PED. [REDACTED] BY [REDACTED] AND COMPRESSIONS BY [REDACTED]. A PULSES CHECK WAS PERFORMED AT 1712 HRS WITH NO PULSE PRESENT. CPR WAS CONTINUED EN ROUTE TO [REDACTED] BY [REDACTED]. A PT. REPORT WAS GIVEN TO [REDACTED] AT APPROX. 1714 HRS BY [REDACTED]. THEY ADVISED NO QUESTIONS OR ORDERS. THE PT'S AIRWAY WAS SUCTIONED SEVERAL TIMES EN ROUTE TO [REDACTED]. THERE WERE NO CHANGES IN THE PT'S CONDITION EN ROUTE. THE PT. WAS MOVED INTO THE ER WITH CPR INPROGRESS. THE PT. WAS MOVED TO THE ER BED VIA LSB/CID BY [REDACTED].

THE PT. WAS RELEASED ALIVE/UNSTABLE IN CARE OF DR. [REDACTED] MD.

NOTE: GLOVES WERE WORN FOR CALL BY [REDACTED].

NOTE: [REDACTED] WAS [REDACTED] FOR TRANSPORT.

DRIVER: [REDACTED] EMT-I / [REDACTED]

TECHNICIAN: [REDACTED]

(signed)

HOSPITAL
OUTPATIENT
REGISTRATION SUMMARY

PAT NO- [REDACTED] ROOM-BED- [REDACTED] MED REC NUMBER- [REDACTED]

REG. DATE: [REDACTED] * [REDACTED] LAST ADM: [REDACTED]
REG. TIME: 17:41 * [REDACTED] * LAST O/P: [REDACTED] 1
* [REDACTED] * LAST DSC: 0/00/00
***** KS ***** EMERGENCY
***** AMBUL./RESCUE/POLICE
SPOUSE: COUNTY: [REDACTED] YEARS IN CNTY: 0
TYPE: E SVC: EMR PHONE [REDACTED] AGE: 005 RACE: A
S.S. NO: [REDACTED] SEX: M MRTL ST: S BIRTH: [REDACTED] 90
MAID. NM:

PATIENTS EMPLOYER: FULL TIME SPOUSE EMPLOYER:
CHILD

00000

00000

GUARANTOR: [REDACTED] FIN CLASS: P EMPLOYER: FULL TIME
[REDACTED] RELATION: PARENT
[REDACTED] PHONE [REDACTED]
KS [REDACTED] SSNO: [REDACTED] 00000

EMERG NOTIFY: RELATIONSHIP: PHONE:
ADDRESS: CITY/ST: ZIP: 00000
-INSURANCE CO. NAME---PAYOR---INJURED NAME---CONTRACT #---GROUP---COVRG
[REDACTED] [REDACTED]

PC#: AUTHORIZATION CODE:

FAMILY DR - 080 D [REDACTED] COMPLAINT- MULTIPLE INJURIES
ATTENDING DR- 080 D [REDACTED]
LIVING WILL: COMMENTS: ALLERGY:
NATURE OF ACCIDENT- HEAD ON MVA DATE [REDACTED] TIME-17:00

PRINCIPAL DIAG.:

JCODE:

J
J
J
J
J
J
J
J
J
J

ADDITIONAL DIAGNOSIS OR COMPLICATIONS, OR INFECTIONS:

PROCEDURES:

CONSULTATION WITH:

DISP: HOME, TO ANOTHER HOSP, TO SNF, TO ICF, TO OTH, AMA, EXPIRED
TREAT TIME: RELEASE TIME: ADMITTED TO:

ADMITTED BY: [REDACTED]

EMERGENCY ROOM CLINICAL RECORD

PART 1 - PHYSICIAN


Hospital
 A CENTER FOR HEALTHCARE

PAGE 1 OF _____

PATIENT	DATE	PATIENT'S NAME	MED. REC #	
	LMP	ALLERGIES	WEIGHT	LAST TETANUS

ORDERS	EMERGENCY RECORD PART II: See Nursing Flow Sheet			NOTIFIED <input type="checkbox"/> POLICE <input type="checkbox"/> RELATIVE <input type="checkbox"/> CORONER <input type="checkbox"/> OTHER _____
	1	5	9	
	2	6	10	
	3	7	11	
	4	8	12	

SUBJECTIVE	Code Blue
	See dictation

OBJECTIVE	

CONSULTS	STAFF DR.	TIME:	SPECIALIST:	TIME:
----------	-----------	-------	-------------	-------

MEDS		INSTRUCTIONS	

DIAGNOSIS	Fracture - spine

PHYSICIAN SIGNATURE	INST SHEET
---------------------	------------

Hospital

Code Blue Documentation

Male age approx 54 yrs Est wt 15kg

patient imprint

Date: [REDACTED]	Time: 1724	Reason: Respiratory Cardiac Trauma	Patient Name: [REDACTED]						
Advanced Directive: Yes <input checked="" type="radio"/> No <input type="radio"/>	Primary Physician: [REDACTED]		Notified: Yes <input type="radio"/> No <input type="radio"/>						
CPR In Progress: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Airway In Place: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Type: <input checked="" type="radio"/> Oral <input type="radio"/> C-Tube <input type="radio"/> ET <input type="radio"/> NT	Size: [REDACTED]						
Personnel Present:									
Physician: [REDACTED]	Arrival Time: 1716	Physician: [REDACTED]	Arrival Time: [REDACTED]						
ICU Nurse: [REDACTED]	Arrival Time: 1715	Supervisor: [REDACTED] RN	Arrival Time: 1715						
Nurse: [REDACTED] RN	Arrival Time: 1715	Nurse: [REDACTED]	Arrival Time: 1725						
RT: [REDACTED]	Arrival Time: 1715	Pharmacy: [REDACTED]	Arrival Time: [REDACTED]						
Time	Blood Pressure	Pulse	Respirations	ECG Rhythm	Defib (Joules)	Atropine	Epinephrine	Lidocaine	IV's, Procedures, Other Medications, Assessments:
1725	✓	✓	✓						Intubated 5.0 ET, NG placed IV #20 Jelco Rt arm,
1727						1.5ml	1.5ml		
1729		55	✓	Idio Vent.		3ml			Bagged per ET
1735	✓	48		Idio Vent.					Numerous attempt to place NG - OG - unsuccessful due to trauma
1737	✓	✓	✓				2ml		CPR in progress - ABG's drawn
1739						1.5ml			CPR continued CXR done - Bttr Foley catheter
1740	✓	✓	✓						Report given to [REDACTED] Lifeflight
1745							3ml		ETA 18min ≈ 1800hrs
—							5ml		#2 IV 20 Gadelco Rt arm
1752							5ml		250ml D5W 2 Dopamine 225mg @ 5mcg/hr
1755	✓	✓	✓						3ml 4.2% NaBicarb IV
1756						1.5ml			Lab drawn
1800									Lifeflight personnel here
802	✓	✓	✓				4ml		Continuous CPR
807	✓	✓	✓			1.5ml			
813					30 Joules				
814							3ml		IV followed & flush
Time Code Stopped: 1826		Patient Survived: Yes <input checked="" type="radio"/> No <input type="radio"/>		Transferred To: [REDACTED]		Time: [REDACTED]			
Organ Donation: Yes <input checked="" type="radio"/> No <input type="radio"/>		Family Notified: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/>		Time: [REDACTED]		Pastoral Care Notified: Yes <input type="radio"/> No <input checked="" type="radio"/> N/A			
Autopsy: Yes <input type="radio"/> No <input type="radio"/>		Physician Signature: [REDACTED]		Supervisor Signature: [REDACTED]					

ORIGINAL - PATIENT CHART

COPY - ICU

Hospital
A CENTER FOR HEALTHCARE

ER ASSESSMENT FLOW SHEET

DL Age 5
Emergent ☒ Urgent ☐ Non-Emergent ☐ ID Band ☐
Name:

LMP NA Tetanus
Allergies
unknown

Regular Medications

Patient arrival time 1724 Mode of Arrival FCA Doctor Time called 1724 Time arrived 1724 Wt.

PRESENT ON ARRIVAL: Spineboard CID Splint L R
Arm Leg Philly collar NA
BREATHING: Normal Labored Rales Wheezing Crackles
RUL RML BLW LUL LML LLL Apnea
PULSES: Radial Brachial Apical Femoral Tibial
Carotid NONE
Regular Irregular Weak Thready
PAIN SCALE: 1 2 3 4 5 6 7 8 9 10
NA (least) (greatest)

ABDOMEN: Soft Tender Rigid Distended Bowel Sounds: P A
SKIN INTEGRITY: Abrasions Lacerations Bruises Rash Bite/Sting NA
SPEECH: Coherent Incoherent Silent Hysterical Slurred (Infant)
SKELETALMUSCULAR: Swelling Discoloration Redness Arm Leg
Immobilized Hand Foot R L Cold Pack NA
PSYCHOSOCIAL: Accompanied Alone Able to Cope Needs Referral
Family Notified Y N NEED TO NOTIFY Y N
NURSING DX: CODE BLUE

Time	Temp.	B/P	P	R	Eyes Open	Verbal Response	Motor Response	Pupil Size R L	Pupil Reaction R L

Time 1724 Assessment MVA - 5 y.o. white male involved - CODE BLUE at scene
pt arrived with CPR in progress - PALS protocol initiated -
See CODE SHEET for further charting - called
per family request

Physician's orders:

Time	T.O. / V.O. Dr.	Initials
IV's/SL	Time	Size
1.		Site
2.		Initials

Drips/IVPB's

Medications	Dosage/Route	Time	Initials	Patient Response	Time

Treatment/Procedures

Time	Patient Response

DISPOSITIONS: Office Admitted STOP Expired Dismissed Transferred (place)
Sent by: Car FCA Life Flight Other
CONDITION ON DISMISSAL: POOR FAIR GOOD STABLE Time: 1826 Consult with Dr. NA
COBRA signed: Y N Reason for transfer

VALUABLES: (circle) Dentures Purse Slacks Shirt/Blouse Undergarments Shoes Billfold Keys Glasses Contacts Hearing Aid
Jewelry (list) Cash (amt.) Other
Disposition of valuables: To Safe To family/friend Home With patient Police FCA/Life Flight

Signature:

patient imprint

COPY - ICU

██████████ 96 17

ARTERIAL BLOOD GAS

CODE BLUE ER
54/0

ARTERIAL BLOOD GAS

CHART COPY

Remove adhesive strips and attach report in this area for purposes of microfilming. (If reports are not microfilmed, use Form HD-420-S on which 16 reports can be shingled.)

[REDACTED] HOSPITAL
[REDACTED] KANSAS

PATIENT NAME: [REDACTED]
DATE: [REDACTED]/96
MED. REC. NO.: [REDACTED]
PHYSICIAN: [REDACTED]

This patient presented CODE BLUE to the E.R. He was a front seat passenger in a motor vehicle accident unrestrained. Trauma was to his side of the vehicle. EMT's found him with a heart-beat but apneic and apparently no good pulse was evident. He was bagged and CPO was initiated and he was transferred to the E.R. On arrival to the E.R. pupils were fixed and dilated. There was no response neurologically. No heart-beat was heard and there were no respiration. He was intubated with good air sounds evident bilaterally on repeated exam. His stomach was at the outset significantly dilated presumingly from oral airway and artificial respirations.

The patient had an electrical impulse that appeared to be a junctional rhythm from the beginning. Initially bradycardiac in the 40's and eventually gradually declining in rate. He was treated repeatedly with Epinephrine/ Atropine, boluses of IV fluids. Eventually, he became asystolic and defibrillation was attempted. Resuscitation efforts were not fruitful. The patient had a chest x-ray performed. Lab. studies performed and blood gases showed persistent acidosis. An X-ray of the head and spine appeared to show a severed spine.

He had obvious trauma to the neck. on gross examination.

No further resuscitative efforts were made after that point. He was ^{not} re-intubated because of the inadequacy of the airway.

d: [REDACTED]/96
t: [REDACTED]/96 DS/jh

[REDACTED] M. D.

EMERGENCY ROOM NOTE

MEMORIAL HOSPITAL
KANSAS

PATIENT NAME:
ADDRESS:

KS

PHONE NO.:

AGE:

5

DATE:

/96

HOSPITAL/MR NO.:

ER

PHYSICIAN:

X-RAY NO.:

1930

CHEST:

Frontal view of the chest shows endotracheal tube in place. No aerated lung is identified. Marked gaseous distention of the stomach is present. Lucency noted on either side of the heart may reflect an anterior loculated pneumothorax.

IMPRESSION: 1. Non-aerated lung.
2. Possible pneumothorax.
3. Marked gaseous distention of the stomach.

LATERAL CERVICAL SPINE:

Endotracheal tube is in place. The tube appears to be posterior to the trachea probably in the esophagus. There is dislocation of the skull from the cervical spine. In addition, there is marked widening of the preodontoid space suggesting transverse ligament rupture.

IMPRESSION: Dislocation of the skull from the cervical spine. In addition, there is marked widening of the preodontoid space suggesting transverse ligament rupture.

d: /96
t: /96

mm

M.D.

(Dr. has not proofread)

X-RAY REPORT

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT REAR PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9618

3. Vehicle Number 01

4. Occupant Number 03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 03

Code actual age at time of accident.

(00) Less than one year old (specify by month): _____

(97) 97 years and older _____

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 091

Code actual height to the nearest
centimeter.

(999) Unknown

36 inches X 2.54 = 91 centimeters

8. Occupant's Weight 015

Code actual weight to the nearest
kilogram.

(999) Unknown

32 pounds X .4536 = 14.5 kilograms

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 23

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

*In child
safety
seat.*

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

0

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

15. Medium Status (Immediately Prior To Impact)0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility3

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 13

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 6

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☐ Vehicle inspection
- ☐ Official injury data
- ☒ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function
(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) 03
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

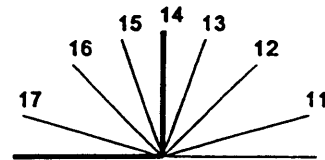
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track**
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 01

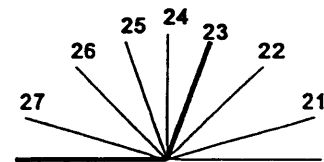
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

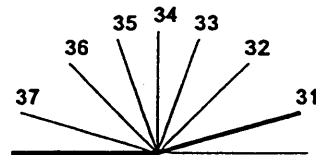
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 3 2 2

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 4

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 1 2

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 1 259. Child Safety Seat Shield Usage 0 360. Child Safety Seat Tether Usage 0 3Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)** 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 00

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 00
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 00

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 3

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT ASSESSMENT FORM:
VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9618

3. Vehicle Number

02

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

32

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

160

Code actual height to the nearest
centimeter.

(999) Unknown

63 inches X 2.54 = 160 centimeters

8. Occupant's Weight

068

Code actual weight to the nearest
kilogram.

(999) Unknown

150 pounds X .4536 = 068 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

0

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility

4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i> (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): _____</p> <p>(9) Unknown _____</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment <u>1</u></p> <p>(0) No manual shoulder belt (1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable Shoulder Belt Upper Anchorage</i> (2) In full up position (3) In mid position (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment</p>
<p>19. Manual (Active) Belt System Use <u>00</u></p> <p>(00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): _____</p> <p>(02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used _____</p>	<p>23. Automatic (Passive) Belt System Availability/Function <u>0</u></p> <p>(0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p><i>Non-functional</i> (4) Automatic belts destroyed or rendered inoperative (9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>0</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown (9) Unknown</p>
<p>20. Proper Use of Manual (Active) Belts <u>0</u></p> <p>(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i> (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown _____</p>	<p>25. Automatic (Passive) Belt System Type <u>0</u></p> <p>(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>0</u></p> <p>(0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i> (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or</p>
<p>21. Manual (Active) Belt Failure Modes During Accident <u>0</u></p> <p>(0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor (7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown _____</p>	<p>automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown _____</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident <u>0</u></p> <p>(0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor (7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown _____</p>

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of

Delta V For Air Bag Deployment Impact

+ 000
- 000

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*44. Source of Air Bag Damage 00

(00) Not equipped/not available

(01) Not damaged

(02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

(05) Fire in vehicle

(06) Thermal burns

(07) Rescue or emergency efforts

(88) Other damage source (specify):

(95) Damaged, unknown source

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

45. Was The Air Bag Tethered? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify number of tether straps):

(3) Deployed, unknown if tethered

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

46. Did The Air Bag Have Vent Ports? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify number of vent ports):

(3) Deployed, unknown if vent ports present

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

47. Was the Air Bag in this Occupant's Position
Contacted by Another Occupant? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(3) Deployed, unknown if other occupant contact
to air bag

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

48. Was This Occupant Wearing Eye-wear? 0

(0) Not air bag equipped/air bag not available

(1) No

(2) Eyeglasses/sunglasses

(3) Contact lenses

(4) Deployed, unknown if eyewear worn

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION49. Head Restraint Type/Damage by Occupant
at This Occupant Position 3

(0) No head restraints

(1) Integral—no damage

(2) Integral—damaged during accident

(3) Adjustable—no damage

(4) Adjustable—damaged during accident

(5) Add-on—no damage

(6) Add-on—damaged during accident

(8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) 02

(00) Occupant not seated or no seat

(01) Bucket

(02) Bucket with folding back

(03) Bench

(04) Bench with separate back cushions

(05) Bench with folding back(s)

(06) Split bench with separate back cushions

(07) Split bench with folding back(s)

(08) Pedestal (i.e., column supported)

(09) Box mounted seat (i.e., van type)

(10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

(0) Occupant not seated or no seat

(1) Forward facing seat

(2) Rear facing seat

(3) Side facing seat (inward)

(4) Side facing seat (outward)

(8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 2

(0) Occupant not seated or no seat

(1) Non-adjustable seat track

Adjustable Seat Track

(2) Seat at forward most track position

(3) Seat between forward most and middle track
positions

(4) Seat at middle track position

(5) Seat between middle and rear most track
positions

(6) Seat at rear most track position

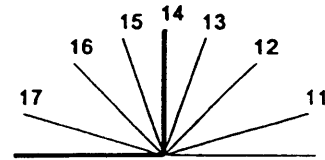
(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 14

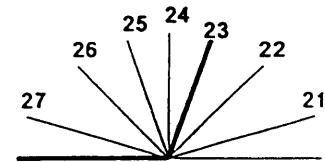
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

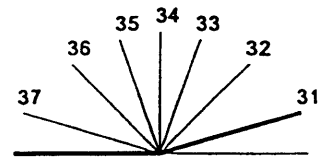
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**61. Injury Severity (Police Rating)**2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment)2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay00

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost99

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

*11 and counting***STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 06

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score 02
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>02</u>
2. Case Number - Stratum	<u>9618</u>	4. Occupant Number	<u>01</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number			
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity							
Fx ① distal radius	1st	5. <u>7</u>	6. <u>7</u>	7. <u>5</u>	8. <u>28</u>	9. <u>00</u>	10. <u>2</u>	11. <u>2</u>	12. <u>004</u>	13. <u>2</u>	14. <u>2</u>	15. <u>00</u>
Fx ① distal ulna	2nd	16. <u>7</u>	17. <u>7</u>	18. <u>5</u>	19. <u>32</u>	20. <u>00</u>	21. <u>2</u>	22. <u>2</u>	23. <u>004</u>	24. <u>2</u>	25. <u>2</u>	26. <u>00</u>
Laceration lower lip	3rd	27. <u>7</u>	28. <u>2</u>	29. <u>9</u>	30. <u>06</u>	31. <u>00</u>	32. <u>1</u>	33. <u>8</u>	34. <u>001</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
Contusion under ① breast	4th	38. <u>7</u>	39. <u>4</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>2</u>	45. <u>004</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
Contusion ② forearm	5th	49. <u>7</u>	50. <u>7</u>	51. <u>9</u>	52. <u>04</u>	53. <u>02</u>	54. <u>1</u>	55. <u>1</u>	56. <u>011</u>	57. <u>3</u>	58. <u>1</u>	59. <u>00</u>
Contusion ① Knee	6th	60. <u>7</u>	61. <u>8</u>	62. <u>9</u>	63. <u>04</u>	64. <u>02</u>	65. <u>1</u>	66. <u>2</u>	67. <u>010</u>	68. <u>1</u>	69. <u>1</u>	70. <u>00</u>
	7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
	8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
	9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
	10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

	A.I.S. - 90										
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS =

Units of Blood
Given

Units =

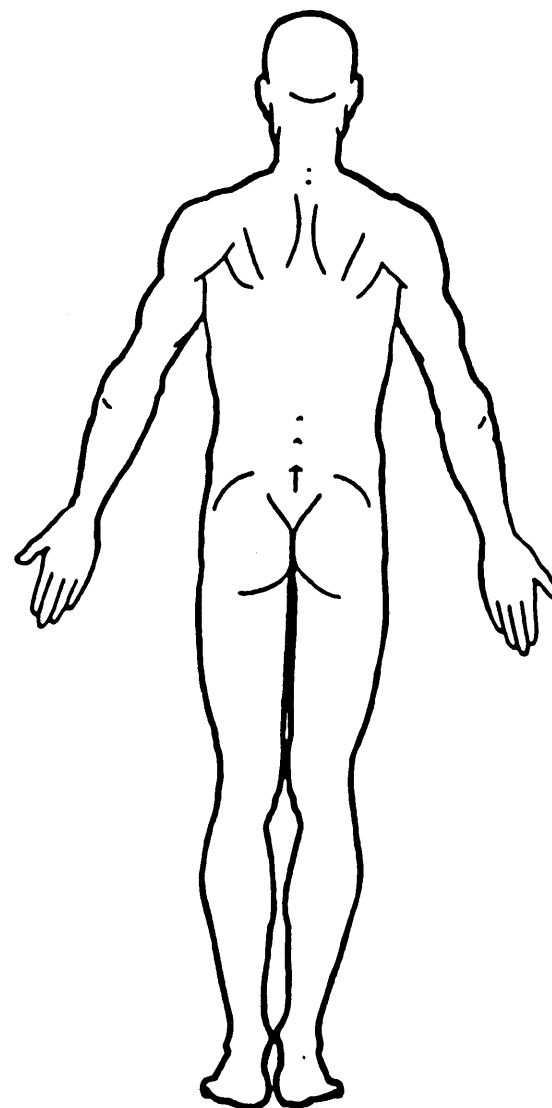
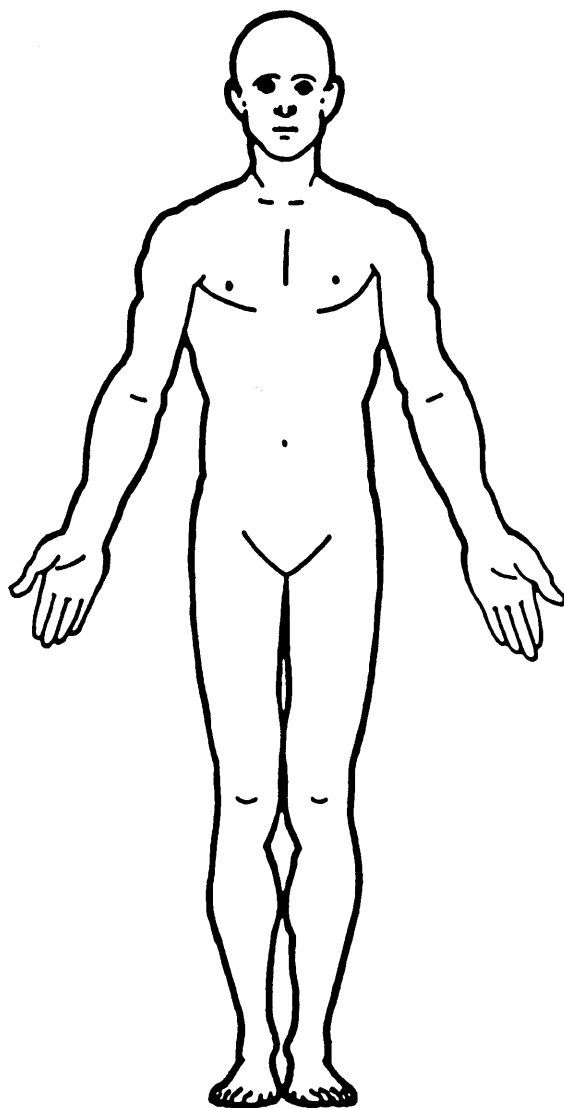
Arterial Blood Gases

pH =

PO₂ =

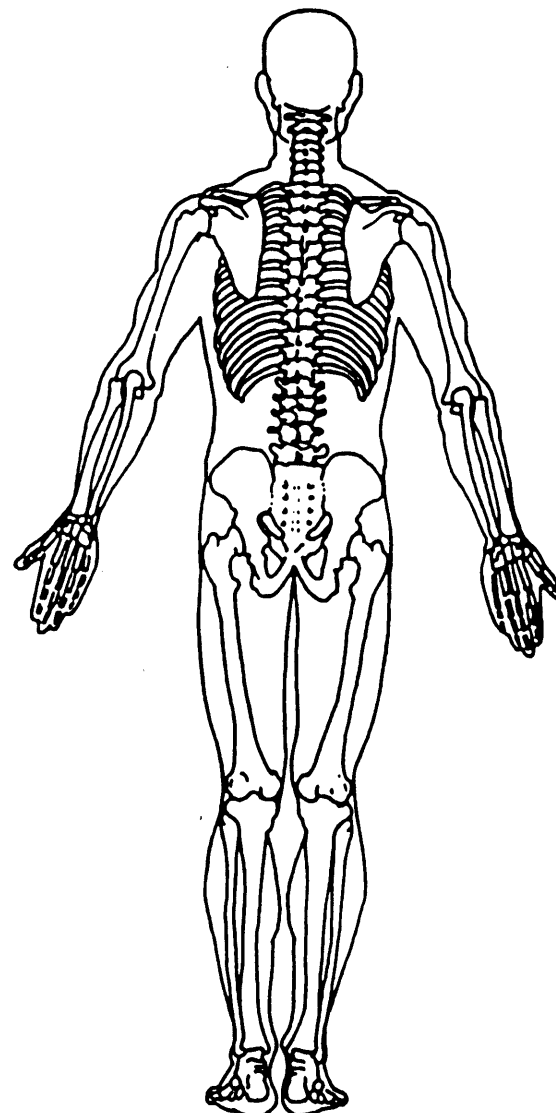
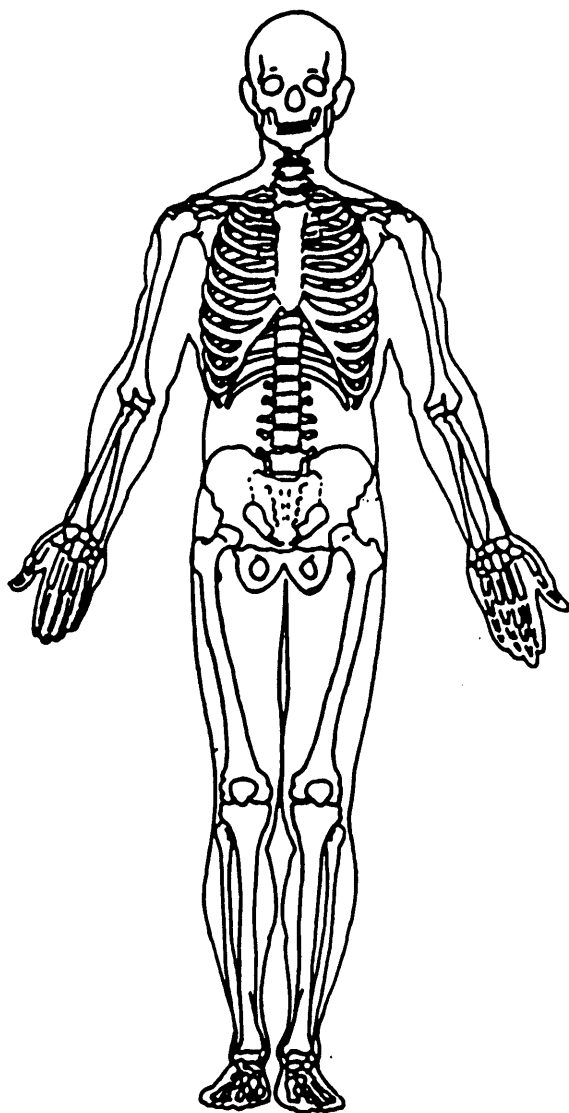
PCO₂

HCO₃



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object (specify):

 (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (056) Other left pillar (specify):

 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):

 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):

 (155) Head restraint system
 (160) Other occupants (specify):

 (161) Interior loose objects
 (162) Child safety seat (specify):

 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (171) Air bag-driver side and eyewear
 (172) Air bag-driver side and jewelry
 (173) Air bag-driver side and object held
 (174) Air bag-driver side and object in mouth
 (175) Air bag compartment cover-driver side
 (176) Air bag compartment cover-driver side and eyewear
 (177) Air bag compartment cover-driver side and jewelry
 (178) Air bag compartment cover-driver side and object held
 (179) Air bag compartment cover-driver side and object in mouth
 (180) Air bag-passenger side
 (181) Air bag-passenger side and eyewear
 (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
 (184) Air bag-passenger side and object in mouth
 (185) Air bag compartment cover-passenger side
 (186) Air bag compartment cover-passenger side and eyewear
 (187) Air bag compartment cover-passenger side and jewelry
 (188) Air bag compartment cover-passenger side and object held
 (189) Air bag compartment cover-passenger side and object in mouth
 (190) Other air bag (specify)

 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):

 (409) Additional or relocated switches, (specify):

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (451) Hood
 (452) Outside hardware (e.g., outside mirror, antenna)
 (453) Other exterior surface or tires (specify):

- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
 (502) Hood edge
 (503) Other front of vehicle (specify):

 (504) Hood
 (505) Hood ornament
 (506) Windshield, roof rail, A-pillar
 (507) Side surface
 (508) Side mirrors
 (509) Other side protrusions (specify):

 (510) Rear surface
 (511) Undercarriage
 (512) Tires and wheels
 (513) Other exterior of other motor vehicle (specify):

 (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
 (598) Other vehicle or object (specify):

 (599) Unknown vehicle or object

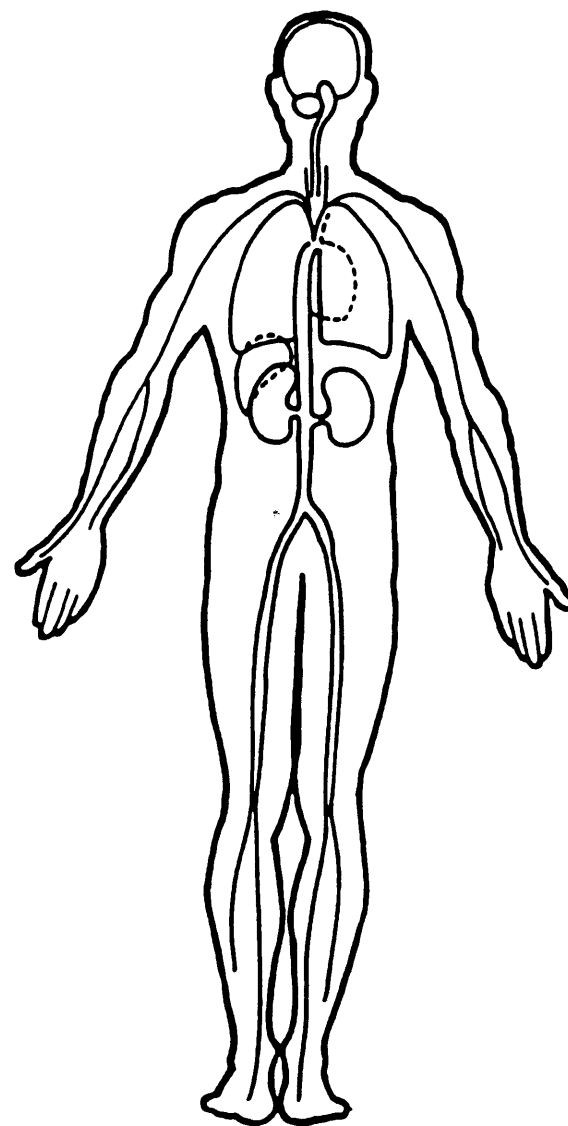
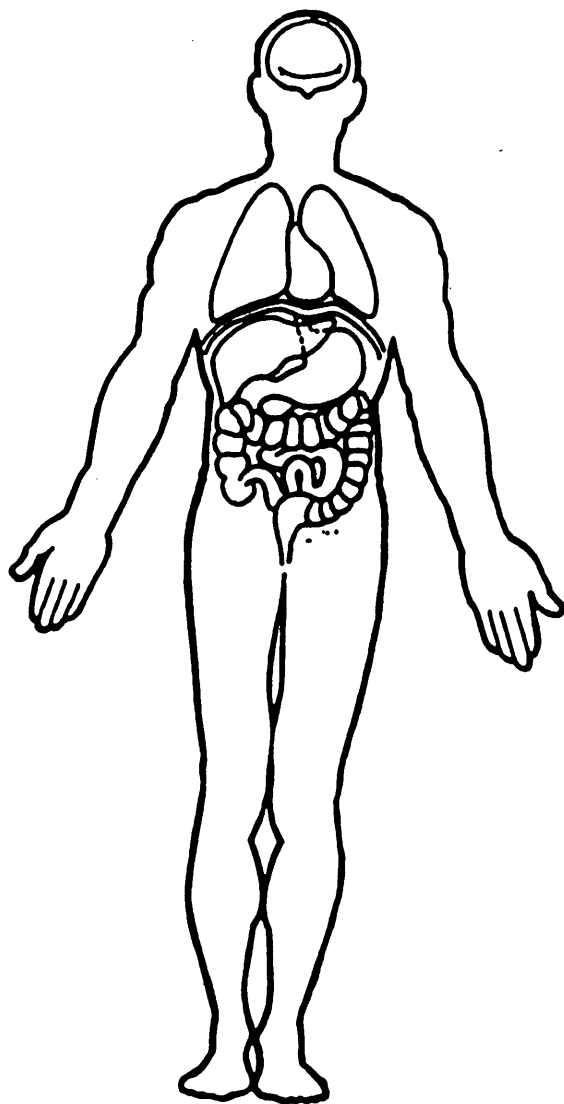
NONCONTACT INJURY

- (601) Fire in vehicle
 (602) Flying glass
 (603) Other noncontact injury source (specify):

 (604) Air bag exhaust gases
 (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

REPORT

To Be Completed for All Child Deaths (Age 0-17 Years)

For SCDRB Use Only

No. _____

IDENTIFICATION OF THE VICTIM

1. NAME (LAST, FIRST, MI) [REDACTED]		2. BIRTH DATE (MO/DAY/YR) [REDACTED] 90	3. DEATH DATE (MO/DAY/YR) AND TIME (MILITARY) [REDACTED] 96
4. COUNTY OF RESIDENCE [REDACTED]	5. COUNTY OF INJURY/ILLNESS [REDACTED]	6. COUNTY OF DEATH [REDACTED]	7. SEX AND RACE/ETHNICITY [REDACTED]

8. MANNER OF DEATH Note: If death due to natural causes, answer only Sections B, E (if other circumstances apply) and G on page 2.

☐ 8. Natural (except SIDS) Specify:
☐ 9. SIDS ☐ 10. Accident ☐ 11. Suicide ☐ 12. Homicide ☐ 13. Pending Investigation ☐ 14. Undetermined

C. SOCIAL INFORMATION D. LOCATION AND WITNESSES

Mark all that apply:

15. Persons living in residence of victim:

a. ☐ Natural Father e. ☒ Natural Mother

b. ☐ Adoptive Father f. ☐ Adoptive Mother

c. ☐ Step Father g. ☐ Step Mother

d. ☐ Foster Father h. ☐ Foster Mother

i. ☒ Minor(s) living in residence

j. ☐ Parent's male paramour

k. ☐ Parent's female paramour

l. ☐ Other: _____

m. ☐ Unknown

16. Children including victim under 18 years living in residence: # 2

17. Children living in residence - age (use: "<1" if less than one year):

a. 2 yrs c. _____ yrs e. _____ yrs

b. _____ yrs d. _____ yrs f. _____ yrs

18. Persons in charge of victim at time of fatal illness or injury event:

a. ☐ Natural Father e. ☒ Natural Mother

b. ☐ Adoptive Father f. ☐ Adoptive Mother

c. ☐ Step Father g. ☐ Step Mother

d. ☐ Foster Father h. ☐ Foster Mother

i. ☐ Child(ren)

j. ☐ Parent's male paramour

k. ☐ Parent's female paramour

l. ☐ No one in charge

m. ☐ Other: _____

n. ☐ Unknown

19. If child(ren) in charge - ages: a. ☐ N/A

b. _____ yrs c. _____ yrs d. _____ yrs

20. Were one or more persons in charge intoxicated or under influence of drugs at time of fatal illness/injury event?

a. ☐ Yes b. ☒ No c. ☐ Unknown

21. Who had legal custody of the victim at the time of the fatal illness/injury?

a. ☒ Natural Father e. ☒ Natural Mother

b. ☐ Adoptive Father f. ☐ Adoptive Mother

c. ☐ Step Father g. ☐ Step Mother

d. ☐ Foster Father h. ☐ Foster Mother

i. ☐ Other (specify): _____

22. If two persons are described as having legal custody, they are:

a. ☒ Currently married

b. ☐ Never married d. ☐ Separated

c. ☐ Divorced e. ☐ Unknown

23. Have there been any other child fatalities associated with any of the above? a. ☐ Unknown

b. ☐ Yes c. ☒ No If yes, explain: _____

Mark all that apply:

24. Scene of illness or injury event:

a. ☐ Highway f. ☐ Public driveway

b. ☐ City street g. ☐ Private driveway

c. ☒ Rural road h. ☐ Other private prop.

d. ☐ Farm i. ☐ Resid. of victim

e. ☐ Body of water j. ☐ Other residence

k. ☐ Other: _____

l. ☐ Unknown

If illness, skip to Section E.

25. Date of injury event (mo/day/yr): 9/0

26. Time of injury event:

a. _____ a.m. ☐ p.m.

b. Between _____ and _____

c. ☒ Unknown

27. Did anyone (other than person(s) who inflicted the injury) witness the injury event?

a. ☒ Yes b. ☐ No c. ☐ Unknown

If YES, skip to #30 below.

28. How much time elapsed from the time the victim was last seen until the time of the incident?

a. ☐ Known _____ hrs. _____ mins.

b. ☐ Unknown c. ☐ N/A

29. Was the person in charge of child's care at the time of the injury event asleep at the time?

a. ☐ Yes b. ☐ No c. ☐ Unknown

d. ☐ N/A

30. Provide information about person(s) who witnessed the injury event (other than person(s) who inflicted the injury).

Witness	Sex	Age	Person In Charge of Victim?
a. <input checked="" type="checkbox"/> #1	M	F	<u>28</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name/phone #: [REDACTED]			
b. <input type="checkbox"/> #2	M	F	<u>3</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name/phone #: [REDACTED]			
c. <input type="checkbox"/> #3	M	F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name/phone #: _____			

31. Approximate distance between victim and person in charge of the victim at time of fatal injury event: 3 (Number of)

a. ☒ Feet d. ☐ Miles

b. ☐ Blocks e. ☐ Not applicable

c. ☐ Yards f. ☐ Unknown

DIRECTIONS

Coroner: Within 30 days of date of death complete form to the best of your ability and file original along with a copy of autopsy report and Report of Death form with the State Child Death Review Board. Send to:

Coroner Protocol

1. Take report of child death (ages 0-17) from law enforcement personnel, health care provider or other person having knowledge of the death.
2. Record facts of the death including time, place, manner and circumstances of death.
3. Determine necessity for autopsy and/or further investigation.
4. If an autopsy is needed, it is performed by a certified pathologist. A copy of the autopsy report including microscopic examination and toxicology results are sent to the State Child Death Review Board.
5. Call the State Child Death Review Board Chairperson, Nancy Lindberg, within 24 hours if investigation and/or autopsy determines that the death involved suspicious (i.e., non-natural) circumstances or unknown cause.
6. Notify appropriate local investigative agencies (police, SRS, etc.) as indicated for further investigation and appropriate action.
7. Complete Form 1 within one month on all child deaths (ages 0-17). Use local investigative agencies (police, SRS, etc.) when necessary to gather detailed information to complete form.
8. Send completed Form 1 to the Chairperson of the State Child Death Review Board.
9. Participate in local child death review activities if such activities are available.
10. Whenever indicated, provide comments and/or suggestions to State Child Death Review Board regarding the child death review process.

F. BRIEF DESCRIPTION OF CIRCUMSTANCES AND OTHER COMMENTS Note: Complete this section or attach Report of Death form.

2010 REPORT (Continued)

2. ELIMINARY CAUSE AND CIRCUMSTANCES OF THE DEATH

Use all applicable cause categories and specific circumstances to describe the fatality, based on information presently available. More than one cause may be coded.

36 DEATH DUE TO NEGLECT

Cause of Death:

☐ Malnutrition/dehydration

☐ Delayed medical care

☐ Known illness: _____

☐ Other: _____

☐ Unknown

37 VEHICULAR INJURY

Status of victim:

1. ☒ Occup. of vehicle 3. ☐ Pedestrian

2. ☐ Driver of vehicle 4. ☐ Other

Type of vehicle:

1. ☒ Car 6. ☐ Pick-up/Van

2. ☐ Farm tractor 7. ☐ Other farm vehicle

3. ☐ All-terrain vehicle 8. ☐ Riding mower

4. ☐ Bicycle 9. ☐ Motorcycle

5. ☐ Bus/Truck 10. ☐ Other: _____

Road condition:

1. ☒ Normal 3. ☐ Loose gravel

2. ☐ Wet 4. ☐ Ice/snow

5. ☐ Other: _____

6. ☐ Not applicable

Safety restraint (seat belt, infant seat, etc.):

1. ☒ Used 3. ☐ Not used

2. ☐ None in vehicle 4. ☐ Unknown

5. ☐ Not applicable

Deceased was wearing helmet:

1. ☐ Yes 2. ☒ No 3. ☐ Not applicable

Operator of occupant vehicle:

1. ☐ DUI 2. ☒ BAT *pending*

3. ☐ Drug screen

4. ☐ Speed/recklessness:

(est. speed _____ mph)

(speed limit _____ mph)

5. ☐ Other violation

6. ☐ Brake failure

7. ☐ No operator

8. ☐ Other mechanical failure

9. ☐ Other: _____

10. ☐ None of the above

Operator of non-occupant vehicle:

1. ☐ DUI 2. ☒ BAT *pending*

3. ☐ Drug screen

4. ☐ Speed/recklessness:

(est. speed _____ mph)

(speed limit _____ mph)

5. ☐ Assault with vehicle

6. ☐ Other violation

7. ☐ Brake failure

8. ☐ No operator

9. ☐ Other mechanical failure

10. ☐ Other: _____

11. ☐ None of the above

H. ☐ CIRCUMSTANCES UNKNOWN

38 DROWNING

A. Place of drowning:

1. ☐ Swimming pool 3. ☐ Bathub

2. ☐ Wading pool 4. ☐ Bucket

5. ☐ Creek/river/pond/lake

6. ☐ Well/cistern/septic tank

7. ☐ Other: _____

B. Location prior to drowning:

1. ☐ Boat 2. ☐ Water edge

3. ☐ Other: _____

C. Wearing flotation device:

1. ☐ Yes 2. ☐ No 3. ☐ Unknown

D. ☐ CIRCUMSTANCES UNKNOWN

39 POISONING OR OVERDOSE

A. Name of drug or chemical:

3. ☐ CIRCUMSTANCES UNKNOWN

G. CORONER (print or type name)

DATE (MO/DAY/YR)

Coroner Signature

DATE (MO/DAY/YR)

Source(s) of Information: (Name/Agency/Phone Number)

36 FIRE, BURN (non-chem)

A. Source of ignition/fire:

1. ☐ Matches 3. ☐ Lighter

2. ☐ Lit cigarette 4. ☐ Furnace

5. ☐ Space heater

6. ☐ Explosion of oven/stove

7. ☐ Cooking appliance used as heating source

8. ☐ Explosives/fireworks

9. ☐ Electrical wire

10. ☐ Other: _____

3. Source of non-fire burn:

1. ☐ Hot water (bath, etc.)

2. ☐ Appliance

3. ☐ Other: _____

C. Did a person start the fire?

1. ☐ Yes 2. ☐ No 3. ☐ Unknown

If yes: Age of person: _____ years

Activity of person:

1. ☐ Playing 2. ☐ Smoking

3. ☐ Cooking

4. ☐ Other: _____

D. ☐ CIRCUMSTANCES UNKNOWN

37 FIREARM INJURY

A. Person handling firearm was:

1. ☐ The victim 2. ☐ Other person

3. ☐ Unknown

3. Firearm involved was:

1. ☐ Handgun 2. ☐ Rifle

3. ☐ Shotgun

4. ☐ Other: _____

C. Age of person handling firearm:

_____ years

D. Use of firearm at time of injury:

1. ☐ Cleaning 3. ☐ Loading

2. ☐ Hunting 4. ☐ Playing

5. ☐ Target shooting

6. ☐ Assault

7. ☐ Other: _____

E. ☐ CIRCUMSTANCES UNKNOWN

38 ELECTROCUTION

A. Cause of electrocution:

1. ☐ Appliance defect

2. ☐ Appliance-water contact

3. ☐ Tool defect

4. ☐ Tool-water contact

5. ☐ Electrical wire defect

6. ☐ Outlet defect

7. ☐ Other electrical hazard

8. ☐ Other: _____

B. ☐ CIRCUMSTANCES UNKNOWN

39 SUFFOCATION/STRANGULATION

A. Was suffocation/strangulation by another person?

1. ☐ Yes 2. ☐ No 3. ☐ Unknown

B. Object impeding breath:

C. Object strangulating:

D. Did the injury occur in a bed, crib, or other sleeping arrangement?

1. ☐ Yes 2. ☐ No 3. ☐ Unknown

If yes, check:

1. ☐ Crib, functioning properly

2. ☐ Crib, malfunctioning

3. ☐ Bed

4. ☐ Other sleeping arrangement (specify: _____)

5. ☐ Unknown

E. ☐ CIRCUMSTANCES UNKNOWN

40 FALL INJURY

A. Deceased fell from:

1. ☐ Stair, steps (in baby walker)

2. ☐ Stair, steps (other)

3. ☐ Open window

4. ☐ Natural elevation

5. ☐ Furniture

6. ☐ Other: _____

B. Describe composition of landing surface (type):

C. Height of fall:

_____ feet

D. ☐ CIRCUMSTANCES UNKNOWN

41 CRUSH INJURY (non-vehicular)

A. Explain:

B. ☐ CIRCUMSTANCES UNKNOWN

42 CONFINEMENT

A. Place of confinement:

1. ☐ Refrigerator/appliance

2. ☐ Chest/bag/foot locker

3. ☐ Motor vehicle

4. ☐ Room, building

5. ☐ Other: _____

B. ☐ CIRCUMSTANCES UNKNOWN

43 OTHER INFLECTED INJURY

A. Site:

1. ☐ Head 2. ☐ Abdomen

3. ☐ Other: _____

B. Type of inflicted injury:

1. ☐ Shaken 3. ☐ Struck

2. ☐ Thrown 4. ☐ Cut/Slabbed

5. ☐ Sexually assaulted

6. ☐ Immersed in water

7. ☐ Suffocated/strangulated

8. ☐ Other: _____

C. Who inflicted the injury?

1. ☐ Self 3. ☐ Unknown

2. ☐ Other person

D. With what was the injury inflicted?

1. ☐ Hands/feet 3. ☐ Fire/arsen

2. ☐ Firearm 4. ☐ Poison

5. ☐ Body (overlying)

6. ☐ Sharp object (knife, scissors, etc.)

7. ☐ Blunt object (hammer, bat, etc.)

8. ☐ Vehicle (assault with vehicle)

9. ☐ Hot liquid or other substance

10. ☐ Object used for suffocation or strangulation (specify):

11. ☐ Unknown

E. ☐ CIRCUMSTANCES UNKNOWN

44 OTHER CAUSE

Describe what is known:

Seat belt on

Air bag deployed

45 UNKNOWN CAUSE

Describe:
